

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_001

Main interviews

I: So, like I have said earlier on I'm only here to interview you on the comHIP project. We want to know about the project since you have been involved, want to know how the project is fairing, what your experiences are with the project. Basically, that's about what we are going to be discussing this morning.

I: So, the first question is this, can you please tell me about your role?

R: My role?

I: Yes, as a nurse?

R: Yes, I was a CVD nurse.

I: You were or you are?

R: I am a CVD Nurse

I: Okay

R: You said you wanted to know what my role was that's why I also said I were. I'm a CVD Nurse.

I: Okay

R: We mainly receive clients who were referred during screening and they come, we do confirmation. If the person is found out to be let me say pre-hypertension or hypertensive, we enroll them unto the project and then we classify them. So those who fall under mild and moderate we manage them. Those who fall under severe, we refer them to the hospital.

I: okay so aside your role as a CVD nurse, what other thing do you do, what were you really employ for here in this facility?

R: CHO. I am a Community Health Nurse.

I: Thank you. Give me details?

R: I'm a Community Health Nurse.

I: Okay and your roles pertaining to that are?

R: Okay we basically, in general we do everything but basically, we are responsible for visiting everyone in the communities where you are assign to. We discuss with them their health challenges and then when we can find solution using their resources we do that. When we can't and we need to refer we do that but particularly our target are children under five years and then pregnant women. That is basically, those are the targets but each and every one is our concern but children under five years and then pregnant women are our major and then the nursing mother, I mean the children with their mothers and then the pregnant women. Then we also look out for communicable and both non-communicable diseases. As we

visit people we observe whether there is outbreak, maybe the occurrences of some particular conditions are becoming high then we are alert the district on it.

I: Okay so if you observe, how do you do that?

R: We know some of the signs and symptom to suspect cases. For instance, with cholera we know vomiting, diarrhea, then we refer you to meet either the doctor or the clinical nurse at the facility and then with polio and other things we have days, we ask the person, "if this child is not able to walk for how many days and since when, how sudden is this?" and we suspect and then we refer for confirmation. It applies to tuberculosis and all other diseases.

I: So earlier on your role as a CVD nurse, you said you classify then into mild, severe and then moderate. Can you please explain what mild, several and moderate is?

R: With those who are severe, if today is my first time of meeting you and your BP reading is 160 for the systolic and then is 100 for the diastolic, immediately you need to refer to meet a doctor. So those are the high risk and then we have people whose BP reading does not reach that level but they have target organ or they have other conditions that need to be manage by a doctor like diabetes. If somebody is having HIV for instance and then people who are not soo severe but their age limit, people who are thirty and below, when you find out that their BP reading is above normal, these people to you refer them to see the doctor at the hospital.

I: So that is for the severe cases?

R: That is for the high-risk cases.

I: Okay and which ones are for the mild?

R: The mild is a person above thirty and he is not having any of this target organ disease like he is not having problem with diabetes already, he is not having problem with HIV, no other target organ problem and the reading is between let say below 160 for the systolic and then below 100 for the diastolic. Such person can be manage by you the CVD nurse and then with the mild this person is like 135, 140 for the systolic, 90, 80 for the diastolic, this people to we manage them. Some of them we just need to counsel them on their diet, their habit and then they are okay. They don't need treatment. For some people to they are put on treatment.

I: Okay so we move on, on a normal day how do you organize yourself?

R: On a normal day per my schedules, I have my outreaches. For instances today, I'm in the facility because I'm doing report. It's getting to the end of the month so we are doing our monthly report but aside that I'm supposed to - I'm having a home visit at small London, that's a community so I organize myself as I move, because Kojonya to Atua is my zone. I have Kojonya Lydia as my center so my weighing scale, they are situated and some of my forms are there so I move with my BP apparatus, my glucometer in my bag and some of by card and then my tablet. So when I get to a community where I have clients, I call them, tell them where I am and then they meet me. Then with new cases that have been referred either from an LCS or a CHO like they have been screen and referred to, when I get your contact I call you, schedule with you to meet me at Lydia. That is what we do and normally on Mondays, Wednesdays and Fridays, because almost all the Tuesdays and all the Thursdays I have clinics which is a weighing clinics at various communities. So those days I always help and Mondays, Wednesdays and Fridays even if I have, its not

soo heavy, I can dodge and come back. So early in the morning, I will call you. Because of the glucometer, we check sugar. You meet me there, we do that and then I join my partner so that is how my schedule is.

I: So, who usually refer them to you?

R: The CHO and then the LCS but to me, heavy comes from the LCS.

I: Okay so when the LCS, when they refer then they come to you but I'm wondering if you are out and the person is referred to you, is it expected the person comes here, is that it?

R: Erm depending on where the person lives. If this person is - if the LCS who refers the person for instance the LCS knows the person is coming from Kojonya but she came to buy the drug at this particular pharmacy, the LCS will refer the person to me and tell the person I am here or I'm in Lydia maternity. As soon as the referral goes through, I get the client contact so I will call you. "This LCS has told you to meet me, I will like you to meet me tomorrow morning at Lydia maternity or where do you stay?" oh I stay at, okay, where you are is even closer to the facility then meet me Friday morning at the facility.

I: So how is the referral done because I got the impression you got something, is it that you have

R: I get a message. We have with us tablet, they gave us airtime for the whole month and data. So the system have been connected so when they enter the persons as they check the BP and everything, they do their entries, so as its entering and sent, I will get a message that LCS number sixteen has sent a client who is called maybe Mavis Tetteh to me so and this is the person phone number, so I will immediately call you because she meant to tell you go to Lydia. when I'm not there or be here when I'm not there so I immediately call you when I get your contact. You have been told, emm "but she said it but I want to come tomorrow". "Ok tomorrow what time, if tomorrow then meet me here."

I: Okay but don't you encourage them to see you the very same day they are referred?

R: Most of them will not even come the very same day.

I: Why?

R: They don't really see the need because you check my BP and you said it is high so I should go and check again so propone it.

I: Place describe the other health professionals you work with. Can you describe your work with them, how you people organize yourself, Not just you but their schedule to and how you work in the facility?

R: As in all the other health workers or only the CVD nurses?

I: No, the other health workers?

R: Each and everybody have an activity on each day so in the morning when we report here, you pick your items and you move. That is how we do it

I: So, which category of staff do you have here?

R: We have an Audi here, she is always here but she is the same person who also assist in family planning so she is even our boss in terms of that and then we have health assistants clinical (HAC), they are enroll

nurses and they are also here and then we have the community health nurses and then we have the midwife.

I: So how come the Audi becomes..?

R: Then we have an FT

I: What is an FT?

R: Food technician, disease control

I: Ok the disease control. So the audi how did she become the head of..?

R: She has been here for long. She is our mother. She was here when I was in nurse in this particular place

I: So, okay as per her experience?

R: Yes, she is our boss too

I: How do you diagnose hypertension?

R: Okay per the training I had, I will diagnose you as a hypertensive when your BP reading is above 140/90 and above for three consecutive times on different occasions

I: So, give me the steps that you following doing that?

R: If today is your first time you meet me, I will ask you to wait awhile. The reason why you need to wait is you walked in. Either you are being chase or you are under pressure so you have to sit down and cool yourself and I will just tell you why I ask you to wait and not that I want to waste your time. So, you wait a while so that at least you relax. Then upon meeting you, I will explain to you that I will be checking your BP and I will be checking it on both arms. Both the left and the right arm and it will be five minute intervals. So, I will check the first reading, you wait five minutes, I take the next reading on the other arm, I compare both arms, the one that the reading is higher, I check the third one on it for today. Then you have to go, two weeks onwards, between two weeks after wards you come again then we do the second, we check again both three times again. The average reading for the first visit will be compared to the average reading for the second visit and that is what will tell us whether you are hypertensive or not.

I: So, you will go and come in two weeks when you suspect that the possibility of the person is hypertensive or?

R: Yes or no, both

I: Yes or no?

R: If today, before you come to me as a CVD, you have been suspected meaning your BP reading is above the threshold that is why you have been referred to me. So if your BP reading for three times at the LCS end or the CHO end is within or below 120/80, you wouldn't have come to me. So you coming to me meaning you have been suspected so I am now coming to confirm it. So that day reading will be compared to the first time you came to me, compared again to the second time you have come. So that second time you have met me giving three readings, so that one will really tell us that this person

I: So, the reading from the LCS?

R: Yes

I: Your first reading?

R: Yes

I: And then the reading in two weeks after?

R: Yes. The system has been made in a way that it will calculate the average for you. So, the machine itself will tell you that this client need to be enrolled, his BP is above threshold. So, upon the enrolment you will get to know whether it is mild, it is moderate or it is severe.

I: Can you clarify that because I was

R: I wish I could bring the tablet here for you to see

I: I was expecting that once you read on the three consecutives occasions, you are able to tell the person he is mild

R: No because we don't just use the reading, it could be habit. For instance, during the enrolment we will get to know do you take alcohol and then the quantity and how often do you smoke. Those are things that will risk you so if all these things are yes, yes, yes plus your BP reading, it is going to tell me that you will be in the moderate or you will be in the severe. But someone is there he doesn't take any of this so it could be that he has just been stressed up so if she is able to manage the stress she will be in moderate then that one will help me know that it is mild so this person with more education, it will just drop to normal. So only the reading will not really let you diagnose the person. The habit and other things.

I: So, the subsequent questions aside the reading?

R: That is what is going to classify you. How often you exercise, how often you take in fruits.

I: So, what treatment do hypertension patients take?

R: The treatment they take, they take let me say nutritional treatment, they take drug treatment and then they take physical treatment. Physical in the sense that you educate the person, at least exercise five minutes each day or thirty minutes each day depending on the persons what he can contain. I can do exercise so the exercise aspect I will say it is the physiotherapy. So it also a treatment then we put them on drugs so the chemotherapy comes in, then their nutritional or eating habits comes in. Most people don't mind fruits and vegetables. When they have it, they rather give it out or sell it but they will personally not take it so this are the treatment. We counsel them on their diet, their exercise, their habit especially with smoking and drinking because alcohol they say also aid in block of the vessel that will prevent blood flow causing the pressure to rise.

I: So, on their diet let explain that a little bit

R: With their diet, much intake of salt, then fat, let me say risks you to hypertension. With the salt we see that, we all know how salt is. The example I always give to them is when you are cooking egg and then you add more salt, after the egg is well boiled and its dry you see that there will be a crystal of salt around it. Even when you boil hard water, water that contains more salt and then you allow the water to settle

or even the level of the water reduce to some, you will the crystal. It will form this salty in the silver. If you take more salt or if you keep taking more salt that is what happen in your vessels. The salt settles or it forms a plaque in the blood vessels and it is closing the lumen, the size of it, the hole in it. If the pipe hole for instance this is the normal vessel for the blood to flow in, salt is settling, its settling, it is blocking it so now when the blood is coming from the heart the volume or the flow, the pressure it will use to pass easily, because there have been a blockage and it squeeze, it pushes in and that is when the blood goes up and the pressure increases. So that is what salt does. Fat does the same thing. It settles and even settles around the organs, the heart for instance it settles arounds it so the force also will be accumulating and then will also be forming it layers and then be closing it lumen. So, with your diet this is it. Starchy food itself, starch does the same thing because you take in more starch or more carbohydrate, you don't use it, that is you don't exercise so the body will turn it into fat so there will be more fat so you meant say I don't eat oil, I don't eat more fatty meat but if you eat more of fufu, your yam and the rice and your banku, at the end of the day will all turn into fat because you don't burn it. You don't really use that glucose so it also turns into fat. That is mostly what we tell them so you take in more fruit, more vegetables and then you lessen your carbohydrate quantity.

I: So at least you can take it a while but you lessen it.

R: You take it, you need it, so we always tell them that if this is your plate and you are coming to eat your rice you make sure that your vegetables or your stew aspect take half of the bowl so that the next half you divide it into two and then one side will be your main meal, either the carbohydrate aspect and then the other takes care of the fish or meat.

I: And then the exercise is it as per the condition that?

R: Yes, as per what the person can tolerate because you can, you can't go and tell a sixty-year-old man to be skipping every day when he can't jump so you give them all the examples of activities that will help them burn fat. Me I always tell them anything that you do that you sweat, so you choose, what do I do, ok I have a staircase, I can climb every morning, climb up climb down climb up till I sweat. I could feel that now I'm hungry or I feel light so if you can do that five times in the morning, as you are able to do that and you realize you are not getting tired, you can make it six, can you make it seven so as time goes on you are progressing with your exercise level.

I: So, and then in terms of the drug?

R: In terms of drugs, the drugs too we were limited. Let me say we were limited to some class of drugs. We don't just give all. With those who have been newly diagnose by we the CVD nurses, we start them with one drug. We start them with bendro, that is the first drug to start with that and they go for this drug for the first six weeks then they come. Per the reading will tell you whether you should maintain them there or if there is no change, if truly the person is taking the drug and we are not seeing any good result or we are not at goal, then we add the second drug t it. That is what we do with the drugs.

I: So aside this, this are more or less like preventive ways but aside that what another preventive, erm let me just read it as it is. Once a patient has been diagnosed, what is the prevention information that you provide to the patient?

R: The person has been diagnosed, we ask you to lessen your fat, lessen your salt, increase your exercise, increase your vegetables and fruit. These things you do will prevent it and if you take in alcohol or hard

drugs, you lessen them or you avoid them. Gradually as you lessen you will be able to abstain then you avoid it there. So that is the major preventive something that we tell them before even they go to their drugs or something. Mostly when I get younger ones like thirty, thirty-five going, I insist you try and adjust your habit for some time so the person needs to be for instance enrolled but I ask you to go and come in two weeks. Go and see whether if you cut this and this, especially when the reading is around 40, 35, 38 so if the person keep coming you will realize that it is not hypertension by he nearly had it.

I: So, you don't encourage the drugs when they are at that age. So how is prevention organized at the primary healthcare level and how do you coordinates this with other organizations?

R: We for instance during our home visit and our CW, our weighing sections, we give educations, we tell them the dangers associated with hypertension, how fast and easily it can kill. Since I have been practicing, I know that the fastest meaning of administration drugs is per the sublingual, the one that we put under the tongue and hypertension drugs are what I normally see been done that way because of how fast it can work meaning that as your BP increases it can kill you so easily and faster than most other conditions. So, we were even naming it the silent killer. So, we educate them on the things they will do that will not pre-expose them to hypertension. So, you will make sure, yesterday I was telling someone, you eat, she was coming for family planning and then when I took her BP, she was 123/76. Its good but looking at her age, 27 years, I told her 73 is good, both were green light on the machine. We use that to explain but 73 to 80, you are not too far. Is within the good range though you are not too far. Likely when I open her previous visit she came, her BP reading, the diastolic was 90, the first time she took the device but she did it somewhere. She was transferred into Lower Manyara and I was telling her that if I wasn't to be the one there, that day I won't have giving her the device without manage the BP rather than this, because looking at her structure, she is like me but she is very heavy and the BP reading, she can likely get it. If she like yam and stew she shouldn't cook the yam with salt. Cook your yam and eat it with your stew that has some salt, some fish, some species that contains salt. So definitely, the banku you will not only eat the banku, it goes with a soup or a stew or a pepper which definitely they will be a salt in it. With that you are bringing down your quantity of salt intake so the prevention, that is our business. The community health nurses, we do prevention so it will be better you try to educate them rather on prevention than coming to take medicine, medicine, medicine and you realize that people who are like the teachers and these things, after talking to them they will say madam I will come again before you will enroll me. I want to go and see whether I can go and observe this, this, this but if you are at high risk, immediately you need to see the doctor.

I: So now we move to the treatment, I'm sure this question we have talked about it but can you explain to me the steps that a patient will follow when he comes to you and you suspect hypertension or another CVD? So, of course in the initial stages you spoke about the hypertension but if you still suspect hypertension or other CVD, what kind of steps do you follow in treating that?

R: That is what I said that when you come and for instance you are in moderate risk and you need to be put on the treatment, we start with the first drug, we put you on one drug and the first line of that choice was the bendro we were using usually. So we put you on the bendro for six weeks. You go and take it, you come again for the next six weeks you take it. We expect that for the three month that you've take your first drug you should be landing at goal meaning your BP reading should be within the average. So when we are there you would be there, you will on one drug because we've realize that your BP reading is within 120/180 below that coming and it is good. I have never encounter anyone like that but per the education

we had, if this person keeps coming, is on one drug, one choice of drug and then you are not at goal, the BP reading he comes for the drugs six months, later still the BP is above the threshold we add the second choice. We add the second drug, we add another drug either nifedipine or Lisinopril to the bendro, so you will now be on two choice of drugs. We the CVD nurses don't give three drugs. If your case need to be add on, we refer you to see the doctor. The beautiful aspect of my client is that most of them have the health insurance so they will prefer to take their drugs from the hospital LCS so I will let you see the doctor.

I: Okay what about other CVD, when you suspect, hypertension is one of them, if you also suspect another CVD formation, what do you do, what are the steps you take?

R: We refer them, we don't give any treatment.

I: Can you give me a typical example of a patient, just a patient with no complications, what you do with that person and a patient with several complications?

R: Several complications, I may say this one was having HIV, she is diabetic and then she is hypertensive but beautifully she uses to be on the hypertensive drug and then she has stopped before I met her. Some of them will tell you I've stick to some herbal and I've realize I have been checking and is okay so I have stop that one. So, for me to diagnose you again, meaning that herbal was not working so we have to go and follow the orthodox way again. So that particular client, the only thing you do us to refer her to see her doctor and keep calling. I keep calling you because any time you see the doctor, I have an alert that you've been to the doctor and you've had your drugs so I will call you to come with your drug and give you some encouraging words, take it well, next month I will like to see you and check again and let see whether the drug is working.

I: So, with this particular patient you refer her to the doctor and she is still taking the medicine?

R: That was upon realizing she is diabetic and then hypertensive. During the education, she opens up and told me that she is having HIV as well so she is on HIV drug as well. So, with this matter I will refer you to the one who is already treating other cases so that the same person will take care of you and she was like, she uses to go to VRA, Akosombo which is outside the district. We spoke and she agree to come to Saint Martin so I refer her to Ben, the doctor there, the MA there and then she was okay.

I: What about patients without complication?

R: Without complication, we put up, yes Steven, I had one, he is a Mason. He is not having any particular issue but the BP keeps increasing so I was telling him it could be stress. When they get the contract, they want to end it, go to this and go to that. So, he was also put on the, I also put him on the bendro, he was on the drug. Anytime he buys it he will let me know that I've got my drug and I will say take it. Next time come and let me check so he is also doing well.

I: How do you coordinate this care with the rest of the team you work with and with other health services, how do you coordinate it?

R: With my colleagues or with the activity we do?

I: How is this care coordinated with the rest of the team you work with and with other services as in the secondary care?

R: With other services, that is why we have our schedules. If today I'm supposed to be there, I will make sure I will be there not because I'm on comcare so I will rather schedule my client to meet me when I will be free or when they will be free and I will be free. So I ask you, where will you be by this time, then ok madam I will make it this day and they pay for the airtime, the FHI pays, so we call them and then we meet with them. With other activities we will go, we always move two, three, two, three so when we are there and my client needs to meet me at Lydia maternity, for instance tomorrow there will be weighing at Atua. If we are there and my client comes to meet me and its 12 o'clock, I leave there and then meet my client and go back. And initially what I was really sacrificing was my early mornings because some will tell you I have to go to work at Ashiaman and I also what you to check your sugar level before you eat. So then, what do we do, let meet at the facility here at six o'clock AM and let me check and then you can go. We do that.

I: So what are the things that you think are working well?

R: Working well, the messages. FHI did a system where they alert our clients every week on, "have you exercise this morning, it will be good you reduce alcohol if you want your blood pressure to be within the goal, make sure you reduce your salt intake, your alcohol". It's really working because some of them will call me back and say "madam I like the way you people keep reminding me" and it is the language you choose. The client will decide I want it in dangbe, I want it in English, in twi, so they really like so it was really working. And then the aspect of me for instance been the only person attaining to that particular client, she prefers it and she is proud she knows you, madam Cece, madam Cece. Anytime she gets here, she mentions your name. Gone are the days they don't even know our names. They come and anybody attends to them. So it was really nice. It made me more popular and I even had gifts through this. There was a time I went to school and I called some of them. They were due for their second visit for the confirmation. I called and they said they will be available on Sunday and I said I'm in school. Okay I will also be available on Sunday so I came Saturday evening. Sunday morning, I came to the hospital here. I was waiting for five people, three came. All the three that came gave me 10, 10 cedes. "Ooh take it, you've done well, use it to buy credit" and I said "I don't buy the credit, the credit is given to me free". "Madam take it". They really appreciate so it was very good.

I: So before when there was no comHIP, were you involve in hypertension care?

R: No. Even by then we were not even checking their BP readings on both arms, not alone checking it three times. You come I ask you to wait awhile, I take your BP reading and that is the reading. So, if for today our BP reading is high I refer you but with the comHIP you need to confirm and you even let the person know that you take it three times. Me that was what I was happy with it. You take it on left you take it on right with intervals. The person wait and you take the third time so at least you are sound that yes, it is really high. Okay the first one was high, there was I man who came here, he said he works at VRA in Akuse and they called him that his family brother died so he came down and took the body to Akosombo morgue and when he was passing by he decides to come and greet our audi and then he ask me can he check her BP, I said yes so I ask him to wait a while. She was sitting, she sat for a while. When I took the first reading it was very high and then I engage her in a conversation. I was a little bit, I was joking, funny, I was like teasing her so the second reading, it was down then the third reading it was also good then I ask her," is it because you came in and I was pregnant by then and my face and my nose was not well that's why", "oo I didn't even know you are pregnant oo. I was just called that my brother died" , then I started from there. "Do you know you have it", he said he had an accident some time ago and he was diagnose

to be so he is on treatment at Akuse but he realize that the death to has increase the whole thing that's why he checked. I was talking and teasing him won't you thank God somebody has died at least one single room will be empty for another person to occupy. He was like "are you serious" and we were all laughing so when he was about to leave he ask how much will I charge, I said I'm charging in dollars, he said can I afford it, I said if you can't afford call Mahama, he was like mahama, so it's free. Even if you like I can enroll you and refer you to a CVD nurse in Akuse and he said no so he will like to stick to his doctor there. Is okay and its good and now to we have it mobile, we have the BP apparatus with us, anytime, anywhere you check BP. Those days it was the mercury one, sitting in the facility one, we don't check BP when we go out, we don't, I won't lie, we don't check it but now I have one, another colleague is also having so anytime anywhere we talk with people and they check their BP and it is good, it is helping.

I: What has been the challenges that you will say probable your biggest challenge, you think coordination of care have been better?

R: Yes, it's not so big a challenge but especially those who are learned, for them to accept and be on the drugs they will like to go for all the other therapy but the chemo, hold on. I have a teacher in Kojonya millennium, he said with the education I have giving him, he know what is causing the issues. He is having problem with his wife so if only he can adjust it. I said better cry for your wife to laugh than keep it than be making man man and be suffering. So convincing them and then those people can go and read on it and they come telling you I know when I'm talking the drugs it will get to a time my functioning will be less, I mean the erectile aspect. I know the drugs weakens erectile and those things so with that, no matter what you say, he will tell you I was told when you are on the drugs for long and others to think, they know, we tell them once you are on the drug you will be on the drug for life and that is their problem. So then I don't start if I can stop. So, there is one man here, he is my husband, that is how he always launch himself. He says his wife is not more but he wouldn't like to sleep and not wake up with his man so he will like me to tell him when he should stop taking the drugs. I said okay. I have realized he is a difficult person so what I told him is that you will be on the drug till doctor will be convince and stop you. Because if I tell this man he will be on the drug forever he will stop. He is the one who went to the hospital, he was admitted, the (inaudible) that they gave him, the leftover he said insurance has paid so he bought it to, I have a nurse so he brought the drips to me that I should take it and give it to her. I said I can't give it to you. There are other things involve. So, long as doctor says you are okay, you are okay. You can't load the heart much and I should take it for saint martins to take it. I said no I'm also a nurse I should take it, they are there. So, such a person, sometimes you lie to them but in a good way. You will stop the drugs when doctor thinks you should stop it but I know you will be on it forever so those are some of the small small issues but they are no so big a challenge to me and initially to it was planning. Initially to you will be there and about five, eight people will be line up all waiting for you especially with my in-charge here. All the client will come and line up and there will be in queue waiting, it take time. So me I call you and you come. If I don't call you to come, no. So as soon as I get the message that LCS Asi mase has refer this person, I will call you because they are telling them go to Kojonya and you will meet her meanwhile I don't station there. So I will call you, meet me in Kojonya this day. If you are at Atua then is better you meet me in Atua this day because I will be coming to Osupanya Atua so where ever you locate I will be closer to you than for you to, so when it comes that I need to enroll the person, because I have my weighing scale and then the height taking everything at Lydia maternity, you have to meet me there.

I: We want to now talk about clinical guidelines that exist. So the question is what clinical guidelines on hypertension exist in Ghana?

R: There are levels. We were basically referring. Community health nurses, we don't treat. We are for prevention so when I encounter you and your BP is high I just refer you. So the guideline, we are not on any, you read and know but you are not supposed to do

I: So, what you've read and know, what is it what are the guidelines that you know about?

R: I knew, by then I knew that the normal BP is 120/80 and anything above that so I even thought a BP reading of 130/70, you are hypertensive. That was what I thought that you are hypertensive not knowing you are pre, you are not yet but you are pre, but by then, those days I thought as soon as you are above 120 going, you are hypertensive. Even though we don't treat them, we tell them your BP reading is too high, go and rest and after that tomorrow you will see the doctor. That is what we were doing so ours is to identify and refer, that was the guidelines we were following until comHIP came in. we were not managing anything hypertension at our level.

I: So apart from knowing that the level at which somebody can be suspected or diagnose hypertensive, was there any other guidelines that you knew even though you were not really practicing or you were not supposed to do that, did you know how to follow steps for treatment and all that?

R: What I knew was as soon as you have been put on hypertension drug, you will be on it forever, I knew that. I did not even know that a client can be on three four drugs for the same hypertensive. For that I never knew. I knew that if you have been giving one drug, that is what you will be on unless you are having a challenge with the drug then they change it for you. I didn't know.

I: Do you know how the guidelines are develop?

R: No.

I: You don't know. Okay so what are your views on the clinical guidelines, do you think this are very useful?

R: Very very useful. What we are doing now is very useful. It's even reducing the loads at the hospitals especially those who can afford. Some people do have the insurance. For instance, Steven like this because it's one drug that he was put on, he prefers to go and buy. So at least one person has been absent from the hospital than everybody going there and the truth is when they all go to the OPD like this, this three-time thing is not done. So, has soon as your BP is high, doctor to just check in the room and you will be put on drugs so a lot of people have been wrongly diagnosed way back. Some are even workers, colleagues, after the workshop they realize I need to stop. Now it is okay they've stop for some time and then they are still okay.

I: So, what existed, not FHI360, was it useful?

R: No, it's not too beneficial. It's like everybody is been diagnose on the first visit with the first reading.

I: Okay just one reading?

R: Just one reading, yes that is what we were doing they can't say they were not don't that. As soon as the person visit your facility and the BP is 140/90, they just write a drug for you because its high. My sister was a victim, they just write it for you. She was taking the drug and she is rather paginating more so she decides to stop. She stop before telling me that when she went they give her a drug written this, reading he realize it was anti- hypertensive and I said yes what she is taken she is not comfortable so she has stop for days. Now if you have stop you can't be there so keep going and then check. She is checking and up to

now she is not hypertensive. So it could be that day she had some depression, she is having some pain anywhere and that why it was high but those days, hospital, you go and your BP is high and you are on the drug. Even some people to, my aunty will say seeing the wheelchair at the hospital and her BP will increase 150/90. So when you put her on the drugs like this you've not done anything to her, when she is at home she is like 110/62 always but as soon as she the wheelchair at the hospital she is in hurry to leave.

I: So, what are some of the barriers in implementing the guidelines that we have in Ghana not comHIP. The guidelines we just spoke about, what are some of the barriers in implementing them?

R: What was not aiding was this logistics I will say, because in this district either two to one, or one, one staff is having the BP machine. We all have it so BP is being checked anywhere and we have the knowledge as well. So those days it is the technical know-how. We were not so brief on hypertension. What we know in school, BP this is normal, BP that is high, refer. That is what we were working with but now we know much, we know more. I took my project work like this, I took hypertension because I had lot of knowledge so I took that so the technical know-how by then was less, logistics to was a factor and then monitoring it. Because with the tablet that they give us, its aiding you. You can go back and read in case you forget but those days you are sitting down here, the person come and you just do your thing.

I: Its only one machine operated by one person?

R: Anybody here can operate it but it is one sitting down there. Sometimes fault is with it, you will do your own screen screen and you amend it. We are using it but now, one is not functioning. About five or six are functioning.

I: So now we move to the set of questions that has to do with your relationships with the patients. Can you please tell me about your interaction with the patients? What are some of the challenges if there are to effective communication?

R: I speak the local dialect, I am a krobo so I really do not have challenges communicating because I will always use an example that is close to you. If the term will be huge, I just describe it using the pipe holes, using the straw so communication has no challenge with me. When I realize, the person is not liking this way, meaning the person does that. For instance, you start discussing smoking and he is like oo madam oo madam, meaning you have to hammer there so communication was no problem on my side and I did not have any client who was like I did not understand you or who gave me tough time. Apart from the teacher I was saying told me he will not take the drugs now. He keeps coming and monitoring but for me to start him with the treatment, he won't.

I: So, you had a good communication?

R: Very good. I can even say excellent

I: Have you had any challenges on adherence in terms of treatment of patients not adhering to treatment. Have you had such challenges?

R: No, apart from the one who refuse to start

I: And for all the people you have put on the drugs they really adhere to it?

R: They are still on it and they are doing well. They will even call me, your machine called and said I have to see the doctor yesterday but I went already, then ok we will check that so they are doing well.

I: What are the area you think could be done more to inform the patients?

R: Drinking and eating habit, when we educate them more on this this I think we will not even get more new cases when the education is going more on their diets and exercise. Most of the women are hard working so with exercise it's not a problem but then the way they eat, their habit of eating I'm tired. I work I don't know when I will die therefore chofi come, indomie add, egg come, sausage come, that is the issue so when more education is done on the eating habit hypertension will be far far from them

I: You think education should be intensified?

R: Education should be intensified, people are there and then identifying the cases. People are there but now I will not say is still there, they are used to they know when they see as they say madam are you having the machine I want to check. They all want to check and others to were thinking initially that as soon as they meet me everything is done. She will get her drugs from me, they will get everything but they now come and we refer them they need to go there for your drugs. It becomes a long process. Until the person start falling sick before he will start abiding

I: So now we move on to health systems issues. What area do you think work well in your systems regarding NCDs or hypertension?

R: With comHIP things that that went well

I: You can compare them, before comHIP

R: I will say now we have so many gadget so it is well as compared to those days when the whole facility, we were having only one BP machine. If today is not functioning meaning the whole day no body BP will be checked so with logistics they've done very well and it help, it is good. and the knowledge we have acquire to it has now make us boss. Now you are talking, you are talking well. We the CVD nurses for instance we have data so just go online and read. Somebody has a question on (inaudible) come and read, when you go next time you take. With this I did, I said he has been buying his drugs. We went there and he start asking what is the English name of 'alancha', the Ga say 'alancha' Africa pear star, the benefit so my colleague just google, I will be translating, she read and I translating and she was like ei, before I realize people where just coming. Come and hear I told you this, come and hear you she madam said this so we were like it's good for hypertension, it's good for this, too much of everything to is bad ao this is the other side of it and they said ok, madam check for us honey. What about erm. Ok ok but the quantity because with the natural and then the herbal things the quantity is then the challenge. We don't know how much you need to take in a day. You will be taking the good thing and it will be spoiling another thing.

I: So, before the comHIP was nothing, nothing wasn't working well in term of your systems?

R: Hypertension, in terms of hypertension at our level no. we are not supposed to administer any hypertension drug, community health nurses so what we do concerning hypertension is to check BP, refer. You check is okay, oo is good, you educate her on things to do to keep it there. You check his eye, bye bye go to the doctor. Do this and this so that it doesn't increase more. When you go stick to your drugs, that is all we were doing

I: Even if all other NCDs?

R: Yes, all other cardiovascular conditions we don't go there

I: Do you think all patients have access to care in Ghana?

R: In Ghana, no because of where some are located. The facilities some places challenges, challenges from where they are before they get to the facility is a problem and even when they get to the facility, the logistics including the personnel there is also a challenge because those hard to reach areas you are not going to meet a doctor there. The highest doctor you see over there is a community health nurse and this is our level refer. Our level is referring, all we do is prevention, anything above that is refer so it's not equal.

I: What areas could be improved to make your work easier and more enjoyable?

R: All other work not only hypertension, areas that should be improved?

I: Yes

R: The facilities aspect and then the knowledge. When we were in school those days, community, the training the one who thought us pharmacology, apart from para, brofin, some few things he mentions you ask this question he said it's not your level, just refer. When they come give them paracetamol, painkiller and refer. If you think is severe give them brofin and refer. Nothing like no antibiotics to be administered by you. So, our level and we are far, we are close to the people. Where they is no hospital, there is a CHPS compound and the community health nurse is the one there. When I came to this district I was telling my director that where I am, where I was first posted, is a very far place. I don't know whether you've been there nyogyasi, very far place yet I don't know how to do stitching and they are farmers so cut, cutlass cut will be the same thing they will bring. I don't have anything on snake bite management or any and they are in the bush so this is the people they will be meeting and you are there with them and the only thing you can do is treat malaria, refer the rest, treat, refer. Labor it is the TBA who are managing. Yours is just to go and tell them, use gloves, do that do that. We are not supposed to conduct delivery unless it is an emergency one yet we are close to them, far areas so with Ghana and the system

I: So, is funding a concern because you mention facility so If you say facility what about facility?

R: Facility, the building one, the persons their knowledge two, the logistics there in the facility is another thing. Even the motor ability, the road to the place our even the road connecting other community to the facility is a challenge, that is the problem with that. So those in the city, the big people keep enjoying the big things

I: So, human resources, is it a problem?

R: Yes because after going and been a medical doctor, he will not go the village where there is no light, no transport, no market. Car comes there ones in a week that is the market day to pack loads. You join the car and you, there are walking so they will not pick you, madam 'aka kakra wo be du wi, heyai' and you will be following them and you will never reach. So with the motorbike to for instance me, I can't even ride. The motorbike is equally higher like me so I will not even try to learn it so you can't move but now as time goes on, me my station for instance, the young guys in town have learn how to ride and have got it, so for a fee and then they drop you. So the road network is not fair everywhere and he logistics is not fair everywhere, the personnel the same thing.

I: What about information systems?

R: Information, network is everywhere so most of them have phones but the electricity aspect is another thing. When one person is going for market, everybody send the phone for charging.

I: What can be done to improve the prevention and treatment for patients?

R: Prevention and treatment of patients, preventing the condition coming or preventing it getting worse

I: At all level?

R: Prevention the hallmark of it is education. When the education is there, prevention will be possible and sometimes to the people will wish to stick to whatever you are saying to prevent but the means is not there. The only thing is having, like some village I've heard of I don't know, the only fish they can boast of is this salted, it's like the mudfish but the salted one. That is what they can keep drying drying because from there to market is a distance so when they are able to come and they buy it, it's that. Apart from that unless the games, they are able to kill a bush animal or something so this salted fish, is pepper that stew that sop that so they always have more salt than you. If they have to keep any other thing then I will be the can can can which are also highly salt and fat. So, the prevention is there, you educate them though but they can't go buy it because that is what they have. It's like telling someone this water is not hygienic don't use it and that is the only water they have so prevention is there yes, but human habit and human behavior to adjust and leave with a new thing is another problem. Changing a habit is not easy and the treatment side, where the person does not know, you know, where some people have the knowledge that like my friend will say every drug is a potential poison. When they don't know the side effect of what they take, they will take but when the person can read and know that in the long term this is what this drug can do, it will spoil my kidney, it will spoil my liver, this, this, and then it becomes a challenge. Then the affordability, if they can get access to it and then they can afford it, fine but if not, it is also a challenge as treatment.

I: These questions are very much tailored to ComHIP. I have already asked about your role in the program. You've already told me you're a CVD nurse. Tell me a bit about your level of training, what you've receive as long as comHIP is concern and if you can describe it to me?

R: With comHIP I can talk the way I'm talking because way back before comHIP came, all I know about hypertension is what I was saying. The BP level is this so you refer but for now even if im not supposed to play the role of CVD nurse again, me and my household we are okay. We know what to so. I even know this target organ damages. I now the organ that with cardiovascular diseases, they are at problem and you keep monitoring to check maybe the signs and things you know if such an organ is at wahala, is at problem or not so with the knowledge we've gain its much. Just before comHIP training throughout, I have been fortunate to go to school to further study so I just learnt small about hypertension and I came and they added much so it was very beautiful. I got to know all the big big words that I can't even mention but can only look at them in my eyes so comHIP has train me in person very well and the aspect of the tablet and the data keep getting new ways, keep using them and keep clapping for us, eii bossu bossu.

I: So you think the training was sufficient enough?

R: Yes it was to me. Maybe, I will say some people, I will not be enough because it was so so new but I came from school in first week in September and I went for the training third week in September so still fresh, so still still fresh so it helped me.

I: How long was the training?

R: Six days, six days for the CVD nurses

I: So how often do you get this training?

R: It was like it was schedule per every three months but only last year that one was skipped but it was quarterly meetings and then we share knowledge, maybe you met something ive not met, we share.

I: Ok so apart from the one that you've skip, it been continuous

R: Yes

I: Do you feel that you have sufficient training to fulfill your duties?

R: Concerning comHIP yes but maybe data wise. With the tablet and issues, sometimes you will be going- for some time now the network. I have been to school; I just came so the one who is handling it said data has gone off close to a week now is not going so client come, you can't open their previous. When you enter their code you should get when they were enrolled, their drug, the last time they met the doctor and those things but we are not able to assess that for now.

I: So that one is not really a training problem but a data problem?

R: Yes

I: Can you take about your experience on the comHIP program?

R: The training they gave us I like it and it help and it added on to the knowledge I was having and as I was saying, now I am more popular especially the old men. I talk much, as you ask one question I will be talking talking talking so they keep enjoying those ones and I'm also enjoying them now. Everybody you get to market, madam ji. I don't even know her. I will behave as if like where do I know her. But those days is either you come to your weighing you do you close. We were not so close open and keeping time, coming for us to sit for long especially when it is enrollment we sit for a long time and as you talk more they can now realize you will talk so they ask all their questions just for you to what so it's been good, it's been nice and we continue enjoying such. We get credit from them to make our own calls aside calling our clients so it was enjoying

I: What are the biggest strengths of comHIP?

R: Strengths there are alerting systems. If a client is supposed to visit you and he is not coming and maybe you have also forgotten, you will just get a message client asimase needs to come to you and he is not coming, call, so it was very nice working with that system, the phone and how thy connected everything. As soon as the client visit an LCS, the LCS enters any data at the client column, as soon as you open you will see that my client went to doctor this and he gave this or he change his or he added this or that day this was the BP he even recorded so it was ok

I: Does it happen between like the chain of people treating that patient?

R: Yes that what happen

I: Ok so everybody get to know how the patient is fairing

R: That is if you log in with the client code, the client first go to the LCS or the community health nurse and the person refer to me and as soon as he comes to me and I enroll the client, the client will now be between me and the doctor and then the LCS who will be supplying the client drugs. So when this LCS is given the treatment, the drugs that has been prescribe by the doctor, he will enter it into the client page. When I open with the code, I will know that LCS Mensah give my client bendro for sixty days or for thirty days. So I will be in my room and I will know that he went. If he has not gone to I will know that when I call him to go up to now. So there was time when they go and don't meet the doctor that we refer them to and other doctors treat them, we still realize that they've not been there because that next doctor cannot have access to the code and enter for me to know so upon calling them they will say oo I went today, I didn't meet doctor quakyi so madam this this was the one who gave me drug, ok then bring the drug for me to count and then to enter

I: But is that not a challenge?

R: It was, it was at the hospital side. They go there and they don't meet who you want them to go to and somebody else caters for them. It was a challenge but at the end of the day they've had their drugs and they are taken it

I: What if- hasn't they been a situation where you don't get to know that they even attended the facility

R: That is where you will bring your drug and card, if I ask you to go to doctor quakyi

I: Ok so there is point where you realize that as per your system, this patient was supposed to have gone to that doctor but didn't go

R: You will call them. I will still be receiving messages that client Cecilia didn't go for her review, so when I call her, oo I went yesterday but I'm still getting the message because it has not been entered so the system will still take it as it has not been there so when he brings the drugs, oo you really went then I will enter and that message will stop coming

I: Is there a way to improve on this?

R: Yes

I: How?

R: I will say if all the medical doctors there will be on the comHIP project and then can access any client at all it will because if I ask you to meet doctor quakyi and you go and doctor quakyi is on leave may be for one month, two month, he will not be coming, meaning that when you go and doctor Francesca treat you or attend to you, the message will be coming that you have not fulfill your appointment. So if Doctor Francesca can use the client code to enter on her system, to type in everything he did for him then it means that the client fulfills it. Everything will be smooth but they started with some selected doctors, some selected nurses so it is not everyone so when you go, for instance when my client comes her and she doesn't meet me then she is going home like that, so the idea come that even if im not around and you have her code, enter, login on your system with your own code and search for my client on your system but their code to have you the CVD nurse how is treating them your code attach so if you enter that code into the system, you can't see anything about my client.

I: Ok so you are not able to work on each other client?

R: You can do the physical but the systemic ones you can not

I: So if your client comes and he doesn't meet you?

R: His BP will be checked, maybe will be recorded on a book, a paper down for me. When I come I will come and enter. If not they can do everything but it will look like you never came on the system

I: But have you had that arrangement?

R: Yes that even when I'm not around and you come, this is my book, just write her code, check her BP three times, write the average, and count her drugs, write it down for me. When I come i will do it. But Cecilia, me for instances when they come and it happens like that I will call you. O I learnt you came around, I was supposed to wait for you but because of this workshop, because of this I have been here. Please can I meet you this time if you are okay? I have some of my client that I go to their home that is if I will not be taking their weight, I go to their home especially those that we need to check their sugar level early in the morning. Madam if I don't eat up to his time I will be this then I will come. So I will not even come to the facility before going. From my home straight to your home, I do that then I leave.

I: What has been the biggest challenge or the greatest challenge in the implementation of the project?

R: This challenge is about the hospital system and then them going to the hospital to take their drug. Sometimes everything has been done at your level and if you are supposed to administer the drug or if you the same dispersal, it will have been very short there. They come to you, you check their BP, and you do the counseling and everything and you still give them their drugs, they will be okay with that. But for the fact that he has to come to me, sit her, do the counseling, check the BP and then later you take this paper to atua for the drug. So those who can afford will like to buy because they see going to Atua as another whole system again. They have to go to the OPD, see the doctor before going to dispensary then why should they come to you but because we are like their sisters now, they don't mind coming to us but looking at the double thing.

I: How is the program different than what existed for hypertension control in Ghana before? Do you think is better

R: Is better because I can monitor my client and I can follow up on my client. It is very better and I can be here and communicate with my client but those days we don't have the phone number of every client that visit your facility, no but with the project we have their numbers and even have – some of them I know their homes, oo you are just behind me then every morning I will come and greet before I go to work and I have my BP machine with me in my bag. When I close it is still in my bag and I take it home so I come to you and check your BP, enter your thing and continue my journey. So this time it is very better. If it will be applied to all other thing it will be better. They need to come to the facility when you need to check their weight and height, then you can't carry them because is heavy but apart from that this one is good. Very good, very very good.

I: How have you found the use of tablet? The tablet you were giving, while conducting the program, how have you found the use of the tablet? Have you had any challenges with it?

R: No I have not had challenge with mine. I have not

I: Aside the data part

R: That is the recent thing. I'm not even involved but I will say I'm involved because I have handed my tablet over to one enrolled nurse when I was going away so she is handling it now. It is very good. It is very good because most time we have our data, it is not consuming, and the MTN takes it back and give you a new one the following month so it is very good. Everything you are doing you are entering and when you fort something just go open, a folder have been created where all information concerning comHIP is there. You read though and you go on. You can easily call another colleague because the credit is there. By the end of the day I will buy my credit and be spending on the client like that I will not do it. You just call a colleague, I was doing this, I got here and this, oo do this. Immediately you are on course so the tablet is very good

I: Do you think the program has been successful in term of creating awareness of hypertension for example?

R: It has increase awareness, it has increase accessibility because they are aware and then they always get it to, it is not just been aware because most people I went to the drug store and I checked it and I have written it, madam see. One man, the one I said he is my husband, every day he will go and check because from his home to the pharmacy is just opposite. Every morning and he has a small note book. He will be writing it down so when he is not seeing me in the week, he will call, my nurse where are you? Come and check this week what I have got, its fine fine fine. He was on, he was taking alcohol, he takes alcohol much so when we started he is like let give our self a time where we are going to reduce alcohol to a level and be checking and then there will be a time that we will stop taking alcohol and keep checking and we will see the different and he sees it. With the digital, those days the mercury one, I will listen and tell you it's 120 this but with this one, you will just turn it, have you seen, it is red red, it is high, oo it is green red, this is good, this is tis so let keep on. Now it is green green. Anytime you see is green green you are at a goal so he always wants to see the green then his life is increasing small small.

I: Ok so in terms of awareness?

R: It has created much awareness and then it has increase accessibility as well. People don't need to go to Atua before checking their BP. Close in their community, the LCS is there. When we are also coming by with weighing and other thing we still have it with us. Those days when I'm going for weighing, which BP machine I'm I carrying? None

I: Has it increase control of hypertension?

R: Yes, it has so the control has come because they are aware so new cases have reduced. People now know that as I take in more sausage, personally I have reduced sausage, not reduce, I have stopped taken sausage. It is so much salted.

I: To you think that the program is appropriate in the district?

R: Very appropriate because, I don't know, here we believe that when we put on weight your system is become well, you are becoming more rich, ecor ye, that is why you are increasing. So when you are increasing you increase for some time and try to burn your fat and reduce, aah why? What is worrying you? Do you have a problem with your husband? This that, noo , increase, so it is like everybody want to increase in size so if fat taken will make me blot then I will take in more fat. If taking this particular thing will make me look like this then why don't I. so this particular time, krobo women are always fat, they are big, and they have more boobs and those. We all cherish that. Now we all got to know that – I told a lady

yesterday, if you are fat up and down, you are safe. If you are fat around your waist you are at risk. So I though her how o measure, take her own BMI. Use your tape measure use your centimeter side, if you are above 80, burn fat till you are 80 and below and she said thank you. That along, I never knew, comHIP taught me.

I: Then you will tell me that one too so that I can burn some fat [laughing] because I know I am getting there. Ok we will continue, we will finish very very soon

R: The weather has change

I: That is what I was just looking at oo. Can you please give me an example or have you had any participant who have been unhappy about his or her participation?

R: No. personally my client are not soo many because I have to leave and go to school. I went to school so my client are not soo many. I have about thirty something client so. My very client number one I enrolled refuse to see me, refuse to come. Why, I want to go herbal. My son works with a colleague in Accra and is herbal so I want to go herbal. I have said all I can say, I have went to her [inaudible], I have been to her house several times. She will like to check but I shouldn't enroll her on drugs and she is even a high risk. Looking at our discussions considering something's during her enrollment she is high risk. She needs to go and she a doctor and start treatment, she refused. When I came in January, I called her and she said she is fine. I said okay

I: So, you haven't had any client?

R: No. I don't whether they are happening and they keeping it

I: Alright you've already told me the text messages have been very useful. I just need an example were one of the patient find them helpful. Have they talked to you about that it will be helpful?

R: Initially this my husband I was talking about, anytime the message comes he will call me, ei your pople have call me and said I should do this o. I said ok that I good. Anytime so sometimes I just told him anytime the message come he shouldn't call me, Fridays I will come and read the message myself

I: But then have you had any of your patients having any problem with the messages or voice?

R: No. None have because you will choose I want dangbe so it is in krobo. What they were saying is that madam you didn't do the thing well oo. When they call me and I pick, you didn't allow me to talk. They just say their own and then they are gone. And I explain that yes it is just information not a conversation. You can't say anything. It is just reminding you to take your drug today. That is ok, we've understood it. One old woman, madam cece, when you call and I'm even asking you how are you, you don't mind. You just tell me oo I should take my drug, I should eat fruit then you go. I said it's not me. Ahh because its krobo, I told you that someone will be calling but it's not me.

I: In your opinion has the program ha impact on other existing programs

R: Yes. Our own day to day activity that we have been doing, now the tablet is what we use to take our pictures to back our report, use the tablet to search for more information. When I want to give information on burili ulcer, even though I have some booklet and things, I read more, I have pictures to show them that this is it; this is it so it is okay.

I: What effect has the comHIP project had on your work?

R: I didn't have a lot of client. I Cecelia I didn't have a lot of client so apart from my early morning going, it didn't give me any burden. I enjoy doing it. I enjoy taking much so when I have you having the time to listen to me I will give you all the apor I have because as you ask more questions, we read, we Google and we say okay what we just said they said this and we all see it for ourselves.

I: So in a way do you feel overload?

R: No I never felt so. No I was like waking up earlier than before. By that time to my – I have a girl, she was not with me, I was alone so it was easy doing it but it was not so much a work. If it was to be now I will say no, they are load because I have a baby again. Wake up, bath this, clean this, send this to grandma, send this to nursery then I have to meet you in your home six o clock to take your sugar, I wouldn't have been able now but those days, it was not a problem.

I: But now you don't wake up that early?

R: No now I don't have client that I have to check their glucose and those things. Those who are coming for follow up, we are calling them so they are not plenty on our neck and Emilia is doing much, the tablet is with the one I handed over to so she is doing that so when she is busy then I do it.

I: Was she, has she been train by the program?

R: She was train by the program

I: And she is around?

R: She is around

I: So has the program impacted your life?

R: Personally, plenty even my own personal question I have to answer, your tablet will just help me go online and then ask my questions. As I'm going to school, my apor apor things, I Google and I read them. I download things, I downloaded a lot of digestive system, the bucal cavity, the heart, the flow of, those days I even sent it on the platform, the CVD nurses, flow of blood. So it will help you when explaining blood pressure to a client. You know that when they said diastolic it is when the heart is doing this, when they said systolic it is when is squeezing to pump blood so it was very good. The logistics we benefited from some. i will check my weight every day because the machine is sitting down here. I know my height now; I can check my BP myself

I: Benefiting your family to?

R: Yes my mother is benefiting because she is diabetic so I will check your BP for you as well.

I: If comHIP is to be implemented in another district what will you suggest that we should do it

R: That is they will not do because of the class of staff they are using which is community health nurses but if they will allow us to dispense it will have been better

I: Okay for you it is the dispensary that is the problem

R: It is not throwing client away. She come her, she accept to take the drug and you dispense, you add it to the insurance thing then she is gone but hypertension drugs are above our class so therefore you have to go to a pharmacist to do that. So if they will add the dispensary to the CVD nurse work, it will have been better,

I: Any other thing?

R: Nothing, its okay.

I: Any other closing comments? We have finally come to the end of the interview. Anything you want to say that I haven't asked you?

R: You've ask all. I have said all the things that you didn't ask me

I: [Laughing] Ok thank you very much auntie Cecilia. It's been nice talking to you. It's been very informing talking to you.it have been very great

R: You are welcome

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_002

Main interviews

I: Ok so thank you very much ones again for accepting to be interviewed. Our interview today is going to base on comHIP program, what existed before comHIP actually because they were something, there was something that was running that was running in terms of hypertension. You were doing something before comHIP joined. So we want to know or compare what we were doing before, how effective it was, our experiences with that and then with comHIP to, what our experiences are with the patients, treatment, with our education, with even your personal experience, how the program have feed so far. We want to know all of that from you. I will encourage that you will be open as possible. Here they are challenges we will be glad to hear all of that, where they are success we will be glad to hear all of that so we will get start with the interview.

R: Okay

I: The first question is that please can you tell me about your role here in this facility, what is your role?

R: Okay

I: Please speak louder a bit for recording purposes?

R: Okay, I'm a clinical nurse so I treat people with minor illness like malaria, diarrhea, vomiting and any abdominal condition I treat them

I: So that is what you do on a normal day?

R: Yes, and checking of BP and screening on HIV and malaria, these things.

I: So how do you organize these services? How are your services organize?

R: My Service?

I: On a normal day how do you organize your services?

R: It will depend on the normal of client that will come at a point. At a point at times if they are many and I say I'm – the BP people to are there and those the children to are there, I will look at the children first before going to the BP people before checking their BP for them

I: Okay so you organize base on the caliber of client that come around on a normal day?

R: Yes, on a normal day

I: Okay so if they are children you will?

R: Treat children first

I: Before you attend to?

R: The BP people

I: What of elderly people with other condition apart from me?

R: If the person comes before, if the BP people come before the elderly people with their illness, I will check the BP people their own first before I will send to the older people.

I: Any special reason why you do that?

R: No there is no, I don't have any

I: Or that is what is done here?

R: Yes that is what is done like line

I: Okay can you describe the other health care professionals you work with?

R: Okay here enrolled nurses we are just two. We are two so the two of us we see the clinic here but we have other community health officers, the CHOs here to.

I: So the, you have enrolled nurse that's the two of you?

R: Yes

I: How many CHOs do you have?

R: The CHOs, about twelve appointed

I: And what are the categories of staff?

R: We have the midwife that is our in charge

I: Any other category?

R: Plus, the community health assistant, the youth employment people

I: Okay and how many are they to?

R: They are about fifteen

I: What do they do?

R: Them, they help the CHOs. They go to the town, home visit, weighing, immunization they help the CHOs to do it. They sometimes they help us in the OPD

I: How is hypertension diagnosed? What are the key steps are involve in diagnosing somebody with hypertension?

R: Okay before you diagnose someone with hypertension, if the person comes like today you will check the BP. As usual we will check it three times and if the person is, the people don't know that he is having, he or she is having hypertension, you will check it three times then you will write the average down then you give the person two weeks' time to come for the second confirmation then you will check it again. If it is above the 140/90 then you will say the person is hypertensive

I: Okay

R: Then you will enroll the person and then you will refer to the hospital

I: So, where you doing that before comHIP? Where you checking hypertension three times?

R: No no no

I: What were you doing? What steps existed before comHIP to diagnose hypertension?

R: That one, me I just start work one year ago

I: Okay

R: When I start that is when the program just started so

I: Okay so you started with the program?

R: With the program so I don't, that time I was in school

I: You were in school so what were you thought in school to diagnose hypertension? It's the program you came to meet?

R: Yes

I: What treatment do hypertension patients take?

R: Treatment, we have the bendro then we have the nifedipine. We have the Lisinopril, we have the losatie, and then we have a atenolom, then [laughing] they are many

I: Okay so aside those are drugs they take. Aside that treatment what other treatment do they take?

R: Other treatment?

I: You have spoken about the kind of drugs you give to them. Aside drugs, what do you do to help them treat their hypertensive cases?

R: Ahhh health education. We give health education on the diet and how to err, and checking their blood pressure regularly and physical exercise then and how to take their drugs

I: So the diet aspect, what do you educate them on, what do you tell them to eat, what do you tell them not to eat?

R: We tell them to eat less salt, salty food and they should eat less fatty food, cholesterol, they should eat less like meat with fat and food that there is fat in it then the salt to they should eat less salt.

I: Why less salt why less fatter foods?

R: Because we know that if you take salt, high salt it will make your blood pressure high and the fatty foods to it will accumulate in your veins so it will not let your blood flow and we tell them to eat vegetables and fruits.

I: So, what kind of food do you recommend for hypertension, hypertensive patients?

R: They can eat all food but the food they should eat like all I said the first time that they should less fatty food and thy can eat more vegetables and fruits too

I: And the physical activity to, what is the advice on that? Are they supposed to follow some minutes of exercise or how do they do it?

R: Normally I told them that like in the morning if you wake up like you will take, like I will walk from here to like the police station. Not fast walking, you will walk slowly then you will come back like thirty minutes that will help you

I: Thank you we will move on. One's a patient is diagnosed, what is the prevention information that is provided?

R: Prevention information

I: So, when you diagnose for instance when you diagnose that I have BP, what prevention information do you give me, how to prevent, how I can prevent myself from getting BP?

R: You will tell the person to take the drugs then the food aspect

I: So basically, you will educate them on?

R: The food and the drugs, how to take their drugs regularly and their food to. They should eat more fruits and vegetables.

I: How is prevention organized at the primary health care level? How do you coordinate or how is this coordinated with other organizations? So you get the questions, you don't? We are talking about prevention now so if someone is diagnose of been hypertensive we want to know what prevention happen? How do you coordinate that, do you do outreach programs with other organizations?

R: Yes, at times like world hypertension day like this we gout for screening then we screen, then we educate them on how to manage their BP and those who are having the high BP we refer them back here to this place for confirmation

I: But do you do that with other health promotion agencies? Do you collaborate with other health agencies to do that?

R: No, we don't

I: So basically, is the facility

R: Yes, is the facility that we, like a festival like this, then we will decide to go the park where they are having the durbar then we do the screening

I: So, when you do the screening what happen afterwards?

R: If those who are having the normal one then we educate them but those who are having the high then we refer them here then we do the enrollment for them then they go to the hospital

I: So, if you say those who have normal that means those who are not hypertensive?

R: Those who are not hypertensive

I: So those are the people you educate?

R: Yes

I: So why do you educate if I'm not hypertensive why are you educating me?

R: Because hypertensive you can develop it later. If you are now you are, you don't have hypertension, later if you don't take care of your diet and your lifestyle you can develop it later so we educate them to know the causes of hypertension, the things that if you are doing that you will get hypertension. We educate them on that.

I: And the other category of people?

R: Then we refer them, those who are hypertensive, we refer them here for confirmation then management. That is what we do

I: What about those who are not mild but it feels like they are there, it's very high, when you go to durbars and you screen people and you find out that there are people like that, where do refer this people to?

R: You refer them there for the confirmation so two weeks' time if the person comes back again and it's still high then we will enroll them and refer them to the hospital.

I: Now we are still talking about the treatment of the hypertension. Could you please explain to me the steps that a patient follows when they come to you and you suspect they have hypertension or any other CVD? If you suspect that, what kind of steps do they follow to be treated, to be diagnose, to be refer, what kind of steps do you follow when they come to you and you suspect after testing them, you suspect or you even suspect before you test them so when you suspect what do you do what steps do you follow?

R: After the enrollment, we enroll them then

I: Before the enrollment?

R: Before enrollment

I: So, when a patient comes to you what steps do you follow with that patient when you suspect that the person has hypertension or any other CVD condition?

R: You tell the person then you will enroll the person then you will refer the person to the hospital if the person is having insurance then you will refer the person to the hospital for doctor to give the treatment to them then you will tell the person to come back in one month time for checking of the BP again then if the person come you will check the BP then you will count the drugs, you will check the drug that the doctor has given to the person then you will count it.

I: But in telling the person, what do you tell the person? You have check me for, you have check my, you suspect I have it, what do you tell me. You understand the question, what do you tell me, do you educate me before enrolling me or you just tell me that okay Angela you are hypertensive so go to the doctor, is that what happens?

R: No

I: Okay so what actually happens what step do you take the person through?

R: You educate the person on the condition

I: Okay

R: You educate the person on the condition, the causes and the treatment too. You educate the person on the treatment and other health education you give the person

I: Now can you give me examples? Give me an example of a, I want two examples. If somebody comes with complications or the person has other disease aside been hypertensive, so comorbidities, what steps do you take that person through, and a typical case, I'm sure you've had a typical case like that and then the case where the person doesn't have complications, what steps does the person to go through? I hope it's clear so somebody with multiple conditions, two or more conditions, when you diagnose the person when you suspect the person what steps do you took that person through have you had examples of such patients before?

R: No?

I: You've not had anybody with hypertension, diabetes, HIV together. Just one person

R: HIV dier, no

I: But you've had somebody?

R: With diabetes and hypertension

I: Okay so what steps do you take that person through, how do you counsel that person. Do you take care of them differently from somebody who just have hypertension or somebody without complications?

R: The question is

I: You don't get it, okay. So all I'm trying to say is that, if a patients comes and the patient has two or more conditions, I'm sure the management of that patient is different from somebody with just one condition so what I'm trying to explain is how do you manage a patients with just one condition as compare to a patient with several conditions, two or more conditions. What step do you take them through, are the steps similar, are they different?

R: They are not different

I: They are not different so what do you take them though? If I have one or more conditions what do you do to me? Somebody with just one condition what do you do to the person?

R: With someone with diabetes like this, if you check the sugar and the sugar to is high like the BP then you refer to the doctor but you indicate it on the referral letter that the person to is diabetic. You indicate it on the referral letter that the person to is diabetic

I: That is the somebody with the, but with somebody with?

R: With the hypertension, if the person is no you indicate it in the referral letter that the person is no and has been taking the treatment at the hospital

I: How is care coordinated with the rest of the team you work with? How do you coordinate treatment like care, how do you coordinate with the team you work with?

R: If I'm not around I will leave the tablet to other CVD nurse if the person will be around and I will tell them that if maybe my client comes they should check their BP and they should enter it on the thing then they should refer them to the hospital.

I: Aside your client coming with other conditions how do you people coordinate your care. Aside hypertension how do you coordinate your care with the other people over here?

R: Like I said the enrolled nurses we are just two and the CHO them they are here, they are at the staff room and we, we are here so sometimes they don't come to our place to help us so it's only the two of us that we have been doing it so if I maybe I will be doing the OPD and the other one will be doing the consulting inside. So after everything before I will check there if there is any BP client there to attend to

I: What are the things that you think work well in terms of care for patients? What things are working well for them in terms of treating your patients what are the things that are working well for you as per your experience? You've been working at least for [inaudible], what things are working well for you in treating your patients?

R: At first I was not, when I came here they said I should, we are not giving the permission to check the BP like the confirmation and the treatment we were not able to manage people with hypertension but now because of the comHIP we were able to give treatment to maybe those who are not having insurance and they want us the CVD nurse to manage them so we were able to prescribe medicine for them to go and buy so it makes me more knowledgeable about hypertension

I: But has it also made you more knowledgeable about other disease?

R: Other disease

I: Yes, so in terms of how you treat and care for your patients, are things working well for you compared to when you initially came?

R: Yes

I: How do you think we could coordinate care better? Even if things are working for you, I'm sure you wish we could do something better, how do you think we can coordinate care better? What have been your challenges?

R: My challenges, the challenges are about the clients. Sometimes you will call them for management they will not come. Sometimes too far - they said follow up six month and I year follow up, you will call them they will not come

I: So, these are hypertension patients?

R: The challenges, yes

I: So, these are your challenges?

R: Yes

I: What about other conditions? You've been treating other conditions, what have been your challenges?

R: I don't have any challenge

I: Everything has been smooth for you?

R: Yes

I: Our next set of questions we want to talk about clinical guidelines that exist. I'm sure for every conditions Ghana health service has some guidelines that exist so that is what we are want to take about now. What clinical guidelines have existed or exist for hypertension in Ghana?

R: In Ghana, what about guidelines

I: Of course, you are able to check BP for people, so what guidelines exist for that?

R: The management

I: Let speak a bit louder, I hope you are getting the question

R: Is it the treatment aspect or

I: Everything, because is a guideline so it's what is guiding you when there is a BP patient, this is what you do this is what you do as per the guideline for Ghana health service, if i should put it, of course is for Ghana because all the health facilities are using the same guidelines so what guideline exist for hypertension for treating for diagnose hypertension. That is what I was asking? Before comHIP what were you doing to diagnose?

R: If the person comes with the, we check just ones. Before comHIP we check it ones then if it is above the 140/90 then we will refer the person to the hospital by giving the person referral letter for further treatment at the hospital.

I: And that's it, those are the only guidelines

R: Yes

I: At the hospital, you don't know what happens there

R: Sometimes I tell them they should renew their drugs if the doctor has prescribed he drug like a week later they should bring their drugs then I will the BP for them

I: So, the guidelines that you use do you know how they are records, do you know how they came about with the guidelines

R: No

I: What are your thought on the guidelines you just spoke about, do you think they are very useful?

R: Yes

I: How? What make you think that they are useful? What makes you think that Ghana health service is saying that if I check you're BP and it is that over that it means that you are hypertensive, you are saying that it is useful? What make you think that it is useful?

R: Because it is a guideline that it is [inaudible]

I: There are certain guidelines that you use and it doesn't help oo. You don't agree? Do you agree or you don't agree?

R: I agree

I: Good so do you think the guideline that exist is helpful? What make you think it is helpful?

R: Because it helps we the nurses to know if the person is hypertensive

I: What are some of the barriers to implementing the guideline? Have you had challenges in implementing that guideline? Anything that is a barrier to implementing that guideline, we are still talking about the guidelines, what you just told me about, what you go through, the steps that you follow to be able to diagnose somebody who is hypertensive and so I'm only asking you what do you think are the barriers to that guide? What do you think are not helping the guide? Is not helping to be able to do your work, to be able to diagnose people? What could it be? Could it be that is because there is only one machine could it be that logistics is not available? I don't whether you are getting my question? What have been the barriers? You can't think of any? There is no barrier? Okay so what is helping? What is facilitating? What are the facilitators to the [inaudible]. Okay you let's move on.

I: Now we want to what is your relationship with patients. Can you please tell me about your interactions with patients? What are some of the challenges to effective communication? So your relationship with patients how is it like?

R: It is good

I: What is making it good?

R: Like sometimes if the clients comes for management like this and I refer them to the hospital, I will wait for like five hours later and I will call them whether they've, the doctor that I have refer them to they were able to see that doctor. Some to call me and tell me they were not able to see that but they give them a different doctor to attend to. So sometimes I call them and ask of them. i tell them the next day they should come for management. If they come here to how I speak to them to

I: So, do you think that communication has been effective between you and your client – patients because of course your clients are your patients; you think communication has been good?

R: Yes

I: Not only your hypertension treatment?

R: Yes

I: But every other patient?

R: Yes

I: You think communication is good, there is no language barrier?

R: Language barrier?

I: What language do you speak with the patients?

R: Sometimes I speak krobo, and some people speak twi and English

I: So, for you, communication is effective between you because you are able to speak their language. All your patients do they adhere to treatment?

R: No

I: What are some of the reasons that they don't adhere to treatment?

R: Some of the people said because of the side effect of the drugs, some have stop taken the drugs because of the side effect of the drugs and some to the date for the next visit for their medication they don't go

I: They don't know?

R: They don't go if the date is due they will not go and maybe the drugs will finish one week before they will go and some to if they are taken the drugs they will say this one I've forgotten to take today or about two days ago. I have forgotten to take that drug so they don't take their drugs.

I: So, what is preventing them from taking their drugs because?

R: Some to, some said they've forgot, some to said they are not around maybe they travel to the villages and some to because of the side effects

I: Do you educate them on the side effect?

R: Yes

I: So, it means that when you educate them and they get to know, they don't want to take the drugs because of that?

R: Some understand it and they will take it like that

I: What are the areas you think could be done more to inform the patients? Do you think the patients are well informed? What areas can be improved to get them well informed? Is the question good?

R: It is health education

I: What about health education?

R: You educate them on the condition then their side effect

I: Do you think some of your patients are not well informed?

R: Yes

I: You think they are not well informed so they should intensify education?

R: On the condition?

I: On the conditions

I: Okay now we want to talk about the health systems issues, the health system that you have we want to discuss issues about that one. What areas do you think work well in your health system regarding NCDs

or hypertension? In your health system what areas are working well? Relating them to non-communicable disease or hypertension what areas in the system are working well?

R: Like other condition?

I: Yes, other non-communicable diseases? If you look at the health systems that we have in Ghana, what areas are working well?

R: The malaria

I: I'm listening to you, you are the one in the health system so you should be telling me the areas you think are working well?

R: Malaria and some chest infections

I: Like what?

R: Like if the person is having some minor coughing

I: What about conditions like diabetes, HIV, hypertension? What is working well in the health system so long as these conditions are concern, what is working well? HIV what is working well, the health system as it is now, when it comes to patients with HIV, what is working well?

R: They have their drugs there

I: What about it is working well? You see I'm asking you this questions because you are a health worker, you are in the system, you know what I working, you know what is not working unless you tell me you don't know what is working. Is that the case? Is that the case?

R: For us we are not in the ward so

I: You don't have to be in the ward to know

R: [Laughing]

I: Fine let take hypertension for instance what is working well in the area of hypertension? Nothing it working?

R: They have the things to come here and check their BPs

I: They have what?

R: They can come here anytime to check their BPs and they can go to the hospital and take their drugs, they have health insurance to so it's helping them.

I: Do you think that all patients have access to care in Ghana? Across Ghana do all patients have the same access to health care?

R: Yes

I: Yes why? Everybody in the villages, in the very remote areas, that's what im talking about Ghana

R: Ahh okay

I: So, in terms of accessibility do you think in your view, do you think that all patients everywhere in Ghana have access to health care? Is it the same? So people living in Accra compare to people living in Somaya, compared to people living in very remote areas do you think everybody is having similar or same access to health care?

R: No

I: Why?

R: Like people living in the villages like this because some of the village there is no clinic or hospital, they are not able to go to the hospital if they are sick and some to they are not able to do the health insurance so that if they are sick they will come to the hospital so not everybody is having access to the health care

I: So those who are not able to do health insurance what do you think in your view are some of the reasons they are not able to pay, have a simple health insurance card?

R: Some they don't know the benefit of the health insurance. Some to because of some financial problems, the money that they will use it to go and do the health insurance they don't have some so they will not do it. Some too they don't know the advantages of the health insurance

I: What areas could be improved to make your work easier and more enjoyable? In terms of funding do you think it is a problem? It is all geared to making your work, what you do for you to enjoy it and make more effective. What area do you think should be improve t make it very enjoyable? Is funding a concern for you?

R: Funding

I: Money support, financial support is it a problem for you?

R: Financial support yes. Not for me but the client. Some of them where they are staying the transportation to this place they say they don't have some so they don't have, they don't normally come here for their management. Some are staying at Kojonya. If you tell – you call them they should come for management or follow up today they will say I don't have money, I don't have this things to so they will not come.

I: But funding for facilities, for the facility is it a problem?

R: It is a problem

I: How is it a problem? Is the facility equipped enough to discharge the duties for which you are here?

R: The facilities?

I: For which you are here do you think the facility is equipped enough to discharge the duties?

R: Yes

I: You have everything that you need to discharge your duties, logistics; you have everything to discharge your duties?

R: Yes, the FHI people they gave us everything

I: Not just BP, this facility is not just for BP. It is for treating other conditions so you think that you have all the physical resources to discharge your duties? If you shake your head it will not come in my record

R: [Laughing] no

I: No okay so which aspect are you lacking?

R: Is some logistics

I: Like?

R: Sometimes the drugs we don't have enough drugs and the pregnant women if they come the routine drugs we don't have all to give it to them. We write it for them to go and buy at the pharmacy. So the drugs and some gloves, like RDT like this if you want to do RDT you have to wear gloves but we don't have enough gloves that you use it for everybody.

I: What about your information system, is it effective, is you okay, is it effective?

R: Yes

I: It is. What about your human resource?

R: Human resource

I: Is that a problem for you? For instance you are only two and looking at the work load there you think you people are okay?

R: No, we need more

I: Good so that is what I'm asking you, is human resource a challenge for you?

R: Yes, we need more enrolled nurses here.

I: Any other thing that you think is a problem, Poor facilities?

R: Yes

I: Yes, what about them?

R: This place is not, let me say is not nice.

I: Say everything you want to say

R: We need to renovate this place, they have to build more rooms for us and paint this place for us

I: Okay that all you want just more rooms and painting

R: [Laughing] and they should bring logistics

I: Like?

R: Like gloves and BP apparatus and more

I: So, what could be done to improve the prevention and treatment for patients? What can be done to improve what you do? Basically you treat patients; you encourage them on preventive ways, what can be done to improve on all this services?

R: Improve health education. You educate them on the use malaria [inaudible], the use of the treated mosquito net; they should use it and how to keep their surrounding neat

I: And the BP patients?

R: The BP patients you educate them on their diet and how to take their drugs regularly

I: And other CVD conditions, what can be done to improve on that one to? Treatment, so other CVD condition?

R: We educate them on

I: The next set of questions will talk about comHIP proper; will be touching on comHIP along the line. Now want to talk about the intervention the intervention comHIP when it came, the experiences with it, your challenges with it, your successes with it, treating your patients, we want to talk about all that. What is your role under comHIP?

R: My role is I will check their BPs, do confirmation then manage - management.

I: That is your role on the program. Can you tell me about the training that you received, how was your training looks like, what's your experience on the training that you receive on the comHIP program?

R: It was a one week training and they taught us what to do, they taught us the tablet, the questionnaire on it then we do other practicals on the fifth day we did practical with some people we check their BPs and confirm it and if they are high then we refer them to the hospital

I: Okay so the training centered around how to diagnose somebody?

R: Yes

I: And you said you were giving some questionnaires

R: I'm talking about the tablet

I: Okay so the use of the tablet?

R: The use of the tablet

I: So, what training did you get from the use of the tablet?

R: How to, they are these things on it, they are this thing, how to ask the patients questions. The questionnaires are there then you read them then you ask the person. If the people answer you then you will tick it. After it all then you send then you sent it to.

I: Okay do you think that the training was sufficient? Was it enough?

R: Somehow

I: Somehow so it wasn't? it wasn't?

R: Oo is okay

I: No, is not is okay, you said somehow, somehow those not mean is okay. Somehow mean that somehow it was, somehow it wasn't?

R: It's okay

I: It was sufficient for you?

R: Yes

I: You are not lucking in anyway. It is the reason I'm here. We are basically evaluating the program so if you think it wasn't sufficient; this is the time for you to say it?

R: It's okay, it's sufficient

I: How often are you train, on the project how often do they train you, how often do they do training for you?

R: After we went for the one week training, after six month they call us again for knowledge sharing

I: Okay

R: That one is only just one day then about three weeks ago to we met at Atua. Is it one month ago we met at Atua on the same knowledge sharing.

I: Okay so at knowledge sharing what do you do?

R: Like the difficulties we face we tell them then they will give us the solution or maybe how we should go about it then if you have any question then you ask them

I: Okay so do you think that you have sufficient training to fulfill your duties?

R: Yes

I: At knowledge sharing have you had any challenge to share at those forums? Since you were enrolled on comHIP you've not had challenges?

R: No I had challenges

I: But you think that training is sufficient for you?

R: Yes

I: Can you talk a bit about your experience in the program? Your experience with comHIP can you talk a bit about it?

R: Like what I said the other time, it helps me, now how to manage people with hypertension. At first I don't know you check the BP for three times then maybe if the person is not hypertensive, not known, you give the person two months again for the person to come back and check again. At first I don't know that that is how they will do it but because of comHIP I'm able to know and know and know the treatment given to someone with hypertension

I: Aside that, aside knowing treatment and what to do what other experience have comHIP brought to you?

R: Like financial they gave us something small

I: Something small like what?

R: Like money [laughing]

I: Is it a monthly allowance?

R: Yes, monthly allowance

I: What do you think are the biggest strength in comHIP? The project what is their biggest strength?

R: Biggest strength, for me to get into with all my client then do the follow up for them. if they are six month one year you have to do the follow up for them to know whether their drugs are working, Is it okay for them or they are taking the drug and still the BP too is high.

I: So, for you that is the biggest strength of comHIP. ComHIP have been able to expose you to your client?

R: Yes

I: So, you are able to interact with your client, okay. What have you found to be your greatest challenge in the implementation of the program? What do you think is the biggest challenge in the implementation of the program?

R: Like now about our week ago we have our data off. There is no data so if the client comes I book some people to come two weeks' time for the second confirmation for me to enroll them and refer them but I'm not able to do it so

I: What is causing that?

R: I don't know

I: But you have data?

R: We have data but the network is off

I: Have you check with the, what network are you using?

R: MTN

I: Have you check with them?

R: Is everybody, every CVD nurse is

I: So, it is a problem?

R: It is a problem

I: So, when you have such challenges how do you communicate with them?

R: We call them

I: You call who?

R: Sis Rhena

I: Okay

R: We call them and we tell them that this is the problem so they said they are still working on it.

I: Okay so with this particular challenge they are aware?

R: Yes

I: Aside this challenge what has been another challenge in implementing the program?

R: It is the client

I: What about them?

R: Sometimes they don't come. You will call them some of them their phone will be off. Some of them they said they are going to somewhere they are here, they can't come they will give you another date so this is the challenge

I: How is the program different from what existed in hypertension control in Ghana before? How is it different from that?

R: This one the client comes to you every month for management and every day to they call them on their phone to take their drugs so it's very different from at first how they have been managing the BP

I: So, do you think is better?

R: Yes, it is better

I: How is it better?

R: Because of the calling to tell them to take their drugs and the food they should eat, it's better because maybe the clients will forget to take the drug but immediately if they call the client he/she will take the drug so it's better

I: Is it only better for the client or is even better for you the health workers?

R: Yes, it's better for we the health workers too

I: How is it better for you?

R: Like I said at first I don't know how to manage people with hypertension but now I'm able to manage people with hypertension

I: So, the management- is it the only way that has been better for you comparing it to what existed before. You are comparing two things, before and after?

R: Yes

I: So, before comHIP how and now that you are on comHIP?

R: Before I can diagnose someone with hypertensive, it is only doctor who can diagnose someone with hypertension but now I can diagnose someone with hypertension and give the treatment to the person but at first I can't prescribe a hypertension drug to a client.

I: Have you find the tablet useful with comHIP?

R: Yes

I: Is very useful?

R: Yes

I: For the program?

R: Yes

I: Why? What is it doing it for you that is making it very useful? What is the tablet doing for you that is very useful?

R: Like the management every month if the client comes, you will enter the person's code and you will do the management for the person

I: So aside management is that what you do with the tablet?

R: Like calling to, we use it to call client

I: That's all?

R: Yes

I: You don't use the data for other things?

R: No

I: Searching for information?

R: Me I have phone so

I: No of course the essence of the data is for you to be enlighten s don't you use it to search for information

R: No I have been using it at times

I: Have you had any challenge with the tablet aside the data issue, any other challenge with it?

R: No

I: Do you think that the program is successful in increasing awareness of hypertension in Ghana?

R: Yes

I: In Ghana?

R: In Ghana, no because it is only Lower Manya that we are doing this program

I: Okay so but to you in increasing awareness in lower Manya is it successful?

R: Yes

I: Do you think that it is also successful in increasing control of hypertension?

R: Yes

I: How?

R: At first some people are there they don't know they are hypertensive but during this program, after the durbar, screening then we capture them then we refer them here then we do the confirmation after two weeks then if it is high then we refer them to the hospital. So some people are there they don't know that they are hypertensive.

I: So, it has increase awareness?

R: Yes

I: Do you think that the program is appropriate in this district?

R: Appropriate

I: Is it right, appropriate in this district?

R: Yes

I: Why?

R: Because I learnt that they said people with hypertension in this lower manya, they are more

I: Where did you learnt that for?

R: When we went to the program, the one who train us he told us that the people with hypertension, they are high, it's very high here so that is why they brought the program to this place

I: Okay, can you give an example of an instance where one of your participants was unhappy with their participation in the program?

R: Sometimes like the confirmation like this if you tell the person to come in to weeks' time

I: Yes, I'm listening

R: Then after checking it and you tell the person its high they don't believe to take it like its high and I'm hypertensive. Some will tell you that no I will go and come back another week again for you to check it again

I: Okay but have you had participant or have you had client who have been unhappy about their participation in the program? They are participating but they've express that they are not happy with been in the program?

R: Some people said - I have only one, it is one client said because of the side effect of the drugs so he has stop taking the drug so if you call him to come for management like this, I don't have any drug so me i will not come.

I: In your opinion are the text or the voice message that they receive are they useful?

R: Yes

I: Why

R: Because it helps them – it alerts them to take their drugs and the food to eat

I: So, can you give an example where a patient comes to tell you that it's been very helpful?

R: If they come like this, they say oo this morning kraa they've called me to take my medicine so I have taken it before coming

I: And they make you feel that it's helping them

R: Yes, it's helping

I: Have you had any case where a patient had an issue with the text message or the voice message? Have some come to express their disagreement

R: Some of them they use their relative number because they don't have a mobile phone so is their relative who are receiving the message before telling them and maybe that person is not around and the person has travelled so sometimes if I call that number, then the person will talk, me I don't want you to call this line again, that woman is not by my side so I don't want you to call this number again. So it is their relatives, those who use their relative's number that they have problem

I: So, in your opinion has this program had an impact on other existing programs?

R: Existing programs

I: Has it impacted on other programs that exist?

R: Other programs like the, like if we go out for the screening like this we can use the tablet for the screening so it helps us at that side to

I: And which another program has it made you improve?

R: I don't have any other program

I: If comHIP is to be implemented in another district, what will you suggest that we do different? Will you suggest that we do something different?

R: Something different

I: Apart from what is been done, you know what comHIP does?

R: Yes

I: Is there anything that you want them to do differently in terms of drug dispensary, referral, the whole program what you do the processes you go through? Is there some that you want something to be done differently with?

R: Like the small small clinic like our place like this, they should bring some of the drugs. We should have availability of some of the hypertension drugs here because if you refer them to the hospital like this some

will say some of the queue over there they were not able to go and this things so if we have the drugs here after management, after enrollment then we can give the drugs to them.

I: But I thought I had you say you could prescribe drugs?

R: Yes, but they buy it outside in the drug store or any hospital pharmacy

I: Okay so if you prescribe drugs they go and buy it. They don't have the right to go to the hospital to go and buy?

R: Some will go to the hospital. Me if the person is not having insurance or the person do not want to go to the hospital before I write the drugs to go and buy at the pharmacy, the license chemical shop but if the person is having the insurance I will refer the person to the hospital so that the doctor will go and prescribe he drugs for so that he/she will go an take it at the hospital pharmacy

I: So, you will want that you stock drugs so that you dispense it?

R: Yes

I: Apart from that what other thing do you want don differently? Maybe the program on the tablet, is there anything that you want change on it? Is there any difficulty you having on something on some aspect on it that you want change?

R: No

I: The screening process?

R: No, it's okay

I: Everything is okay? Your relationship with client is that an expert you want them to improve?

R: No

I: The text messages, is there something about it you want to be change if it should be implemented somewhere else?

R: No because the text messages we have different languages so it's okay

I: Has the comHIP affected your work load?

R: No

I: Be very frank with me, has it affected your workload?

R: Yes

I: How?

R: Because sometimes people are sick and they are here and you are the one looking at them and they are some hypertensive people here that you will do enrollment, some management, some confirmation and if the people are many here it affects us.

I: And how does it also impacted you? So you feel overloaded, you feel overworking? Do you feel over working?

R: Sometimes

I: Can you give me typical example when you feel overload?

R: Like if you have children who are stick and they are many, you have pregnant women we do antenatal to here, we have pregnant women to here before we have comHIP patients to waiting for you, then you have to be calling them one by one. If you call this one small then you have to do management small for the hypertension people.

I: Okay before we rap up, do you have any final thoughts that you will like to say? Anything you will like to say that I haven't ask as long as the program is concern?

R: No

I: There is none, so finally we have come to the end of the interview, thank you very much for your time

R: You are welcome

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_003

Main interviews

I: So, ones again good afternoon

R: Good afternoon

I: Please my name is xxxxx like I said and we are only here to interview you which will help us to evaluate the comHIP project. We have a set of questions which will ask about your experiences on the project, the success, the challenges, what you think can be done to it to improve it, what should be taken out from it if possible and the questions will also cut across hypertension guidelines that existed before, even comHIP because I'm sure before comHIP there was something you were doing. You were treating and managing patients with hypertension so that is basically the overview of what the questions we will do. So please the first question is please, can you please tell me your role?

R: I am a CVD nurse

I: You are a CVD nurse but what is your title?

R: Midwifery officer

I: Sorry?

R: Midwifery officer and sub municipal leader

I: Okay so what are your roles as per that position?

R: That position, I supervise all the nurses all the staff in the sub- municipal. We have community, we have CHPS, then I take decisions in collaboration with other staff, we take decisions

I: Can you please speak a bit louder because of the recording?

R: Committee members we don't do anything for your own, anything you do you have to consult the other staff and then the health management team

I: Okay

R: I do that for the sub-municipal but as a midwife I do ANC, post-natal, others treatment of malaria at the OPDs. TB care, family planning, we do it but we don't do delivery because we don't have the facility so when we take care of the pregnant women when they are due, we refer them to the hospital for delivery and after that they are refer back to us for post-natal servicing, immunization and we continue and we introduce them again to family planning and the cycle continues

I: Okay so how do you organize this service what you describe to me, how do you organize them?

R: For like each day, we have, the ANC is daily focus so as when the patient come then we go out, we organize durbars in the communities, educate the community members on health issues like the important of ANC, hospital deliveries. We have a strategy in the eastern region that we are using that is

[inaudible], the spreading it to the community members for them to know the need or the important of using the facility, other than that they will not come and so mainly we do public health education, health talks in churches, schools, school health services

I: Okay the pick-up what is it about?

R: [inaudible], is an abbreviation. It is a strategy by the eastern regional health directorate to prevent maternal and neonatal mortality so the P is Passion, I is innovation, C is companion, commitment, then accountability, maternal and then neo natal health

I: So, your role in terms of treating hypertension patients to, I'm sure you test people and diagnose?

R: Yeah, previously before this comcare project, when you have a patient you check the BP and when the BP is high you have to refer. Previously we were not treating them at our level. We were referring them to the hospital but we were checking their BP, doing the screening, after the screening then we refer to the hospital then we do the follow but after the comcare it gave us the mandate that after screening we were able to treat some not all, the moderate ones we were treating then refer the severe the high risk to the physicians at the hospital then we do the follow up.

I: Please can you please describe the other health professionals you work with?

R: Here we have enrolled nurses, community health nurses, field technicians, the disease control health audi

I: With hypertension diagnose, what are the steps in diagnosing hypertension?

R: Hypertension diagnose, you will see the client, explain everything about hypertension, the causes then you check the BP. At the first time when you see the client, the client will rest after 3 minutes before you check the BP then when you check the BP, the position everything counts, we have a position the client will sit with the back supported then you check it one left then you wait three minute then you check another one then the one that will read the highest within three minutes you check it again. Then you give the patient three weeks because you can't confirm hypertension one day, just one click. There are so many factors that can make somebody BP go high, so after two weeks you check it again the same procedure three times than you combine the two readings, he averages then if the average is equal or more than 140/90 then the person is diagnosed as an hypertensive then you enroll the person than after the enrollment when you take the person to do the enrollment, the person will be grade whether mild, moderate or severe.

I: Please what does it mean to be mild, moderate or severe?

R: Mild is hypertension 140/90 to 159 without any target organ or any health condition attached to that

I: Okay without any health condition attached to that?

R: Yes

I: Okay that's for the mild?

R: Yes, the severe one, from 160/100 upwards, that one is the moderate to let say – that one it depends whether they is another condition attached to it but we have the severe one that when even there is

another condition attached to it or not, when its 180/100 or 180/100 going, that one is very high then you have to refer immediately from 159 to let's say 179 is moderate without any attraction

I: What treatment do hypertension patients take, the patients?

R: The medicines?

I: Yes, it could be medicine, it could be other forms of treatment?

R: We have the pharmacy side, the drugs, we have many drugs, do you want the names of the drugs?

I: If possible some not all?

R: We have bendro, nifedipine, amlodipine, losartan, lezinopin,

I: That's the drug aspect, what other treatment do they get?

R: Other treatment is when like the nutrition, the food whether the person will choose to take the food, the nutrition the type of food that the person should eat, there should be low fat and there should be more intake of fruit and vegetables, avoid salt, high intake of salt.

I: Do you have some kind of fruit that you recommend for them or they can take any fruit?

R: They can take any but most of the time fruits like water melon and the pear, those kinds of things they are very good for the heart but we do advise them any fruit that they get they can take part. We emphasize on this, the pear and the water melon and the banana and those things if they will get that one's but if they don't, any fruits that they get is okay

I: So, ones you diagnose somebody or ones a patient is diagnose of hypertension, what is the preventive information that is provided to the person?

R: Prevention information, is like depending on your interview with the client and the type of work the person is doing, the type of food, the time the person eat, It all depends. Maybe if the person is like a driver, closes at work maybe 9, the time then you have to educate the person on late eating because the food has to digest, so you educate the person to reduce high intake of fat, high intake of salt then if the person is somebody that drink alcohol, you will advise the person to reduce it, if possible the people can stop, if not possible should reduce it then if the person smoke the person should stop, that for the smoking he should quit and they should reduce the intake of salt than you counsel the person if the person doesn't do any physical exercise you educate the person, you counsel the person on exercise, physical activity. Then aside that you will also counsel the person to take the medication, the compliance to treatment, the person will not stop, you have to make the person aware that the treatment, as soon as the person start the person will not go to stop because this treatment is not going to cure the hypertension but is just managing it so if the person takes it and the BP comes down and the persons stop it the BP will raise again. So, you have to counsel the person through all this if the person agrees but even if the person doesn't agree you have to continue counseling, you will counsel till the person agrees

I: So, can't it happen that some people are not on drugs but then they manage it and their BP comes down, does it happen?

R: Yea but not much especially those that the BP are moderate like we check and is 145,140/90 and maybe the person is that type that will eat very late and these things. I have one clients, he has been coming here

to check his BP even every month. When we check it for the first time it was around 140, 280 something, we were supposed to enroll him but after counseling he said he doesn't think he's hypertensive so I should give him time so he will go and check the diets and all that I have told him. He is a pastor, reverend minister so we agreed on that and after continue working now the BP, when he comes 130 but he is the only person but initially it was just 142/ 80 something.

I: What is very high?

R: No, it wasn't high maybe, he was even saying it was stress but after the two checks, it was 140/280 something but now, but he I still monitoring every month he comes here even with the wife to check it

I: So, at your level, at your primary health care level how do you organize or coordinate with other organizations in implementing or prevention?

R: We have NGOs like I said we have the health committee members to so like we a program like we are doing like today world malaria day, this people are there, this NGO, they are doing a program about bed net so we collaborate with them, go to the churches then we give health talk then we do demonstration of the treated bed net and those things and then if in case we need their support in kind to, when we fall on them they help us for example FHI360, they have been helping us

I: So, these are the only two organizations that's?

R: No, we have that was an example, we have Christian council, we have FOR H Ghana then we have plan Ghana but now their program has ended but we have socio- serve Ghana to. This NGO that I want to mention the name and its

I: I'm sure with time, it will come. Okay now let's look at treatment in terms of treating patients. Could you please explain to me the steps that a patient follow when they come to you and you suspect hypertension or another CVD condition, how do you, what are the steps that they follow? You can give examples, patient that you had experience with?

R: With the treatment?

I: Yes

R: First of all explain the condition to the client, this is the condition and this are the causes, this are the ways we prevent it and you make the person aware of the complications with can be associated with the condition if the person doesn't take the medication, tell the person the duration. It doesn't till you continue till you die and compliance with, if the person is on medication the person will not take alcohol and all these things then the time that the appointment day is every month, the person have to come and check the BP then the person will be coming for drugs if you are treating the person, if you didn't refer. Previously it was every six weeks, we were giving them six weeks but when they go to the hospital they were giving them four weeks so later we all change into four weeks when they come we give them four weeks' treatment and when it is finish they come and you check the BP and everything and then give them another prescription. We don't give them the medication here, we give them the prescription, either they go to the pharmacy or the license chemical sellers who are included in the program or sometimes those who have the insurance and don't have money to buy, we give them, they go to the hospital they pick their folders, he doctors will write it for them then then they collect it from the hospital pharmacy. But all sum up tot eh education, the counselling. The person should know them importance of taking other than

that, the person will start then when the BP started coming down they will think they are ok so you will educate the person on the complications. You will give like you've given me whether you give to the person to read or if the person cannot read, you read and explain in the language that the person will understand it and if he persons agrees before you can enroll the person, if the person does not you won't. So, before the enrollment you have to sign the consent form.

I: So, when there was not comHIP what were you doing?

R: When they was no comHIP, you come then maybe you coming for treatment other conditions then we check any clients that comes in we check that client whether for family planning or for anything. The BP will be check, if we check your family planning and is above normal, previously what I know was when the systolic blood increases over 30mg of mercury and the diastolic 15mg above the baseline then we confirm the people. So that one we were not giving the two weeks before we do another confirmation. As long as we check and its above normal, we refer you to see the medical officer. That was what we were doing because we were not treating the hypertension but after we got the, we ask you to be checking it. It wasn't as intensive as now after the comHIP training. We didn't know the treatment. It was the job for the medical officers but for now we can treat the mild and the moderate ones.

I: So I'm still on before. Before, if you suspected someone with two or more conditions what were you doing with that person, how where you managing that person?

R: Conditions?

I: Aside hypertension maybe the person is diabetic?

R: Maybe the person comes here with malaria, we will treat the malaria and after that we will refer you

I: But what if there are conditions like diabetics, the person is diabetic, HIV?

R: The person is diabetic, we will ask whether you are on treatment? If you are on treatment and the medication is there but for now maybe you are reporting for other then we do the RDT and it is positive then we will treat the malaria but if you are diabetic and you are not on treatment, that is where we will refer you to go and see the physician so that the physician will take care of both because for the same day we will not treat the malaria and say go and see the medical officer for the other drugs to no, but if you are on drugs already and you are coming for another conditions and it's not above us, then we will treat that one because not every condition that we can treat here, even diabetes we don't treat here. You go to the hospital then the doctor will give you drugs then you come and show it. If it is injection, then you will be coming here daily for it. So dose on insulin they will be coming for the but we will not give the drug here, we don't have. We are not allowed to keep it here.

I: So how is this care coordinated with the rest of the team you work?

R: Here or?

I: Yes, with other services, the team you work, other with other services, secondary level of care, how do you coordinate all this?

R: We are coordinating well. Like I am a CVD nurse, if I'm not around, when I'm going out I will give my tab to another CVD nurse in case I'm not here and a client come they will take care of the client for me and if I'm also if I'm doing something and I don't understand I will just call my other CVD nurse, please I

don't understand this so how do you do it and the person will explain it to me likewise somebody to if the person doesn't understand the person will come and see me, if somebody to is not here or the person is attending a meeting the person will hand over to those so when the clients come they will explain to the client the person is not around but I will do it for you. The physician to when we have a client we call them and tell them if we should refer them. If there is something that they can tell us to do to, they will tell you to do this or let the person come and see me. We do communicate.

I: What are the things that you think are working well?

R: Here, for example like the BP because formally we had only one BP apparatus, the kafukafu one [laughing] but for now, thanks to FHI, we have about more than five BP apparatus so now anywhere we can check BP. If you come to family planning we will check your BP, we will not wait that the apparatus is spoiled or not so go. Sometimes previously it can get spoiled and the person will come and you are supposed to check but the thing is not there so the person will go without the BP but for now nobody comes here and go out without the BP been checked so comcare has helped us a lot.

I: How do you think you could coordinate care better? What has been your challenges in coordinating care?

R: For our challenges, so far for coordination?

I: Care in general

R: Is the client some of them they don't have their personal phones they give phone numbers of their children and their relatives and when that person travels, you call the person and the person says I am here. Can you get me another number that I can call the person, then he said no and sometimes kraa you will call and the person will say I don't know the person, who gave you my number I don't know her [laughing]. Last two weeks somebody said tell me right now the person who gave you my number so I look into bribe because you were using codes on the phones so I couldn't get so I went into my notebook and get the but I called back the person didn't pick so the phone communication. Some of them you call them will not come, apart from that like everything's is – and some of them to have traveled. They say like the women my daughter delivered and I travelled then the person will go without telling you and you will call like about two three months the person come, oo me tu kwain.

I: But what about other conditions?

R: With other conditions, we don't have much problems because the physicians when you call them, they pick. If you have a condition that you can't take care, you just call them.

I: Okay so the next set of questions will touch on clinical guidelines that exist so a couple of clinical guidelines exist on hypertension in Ghana?

R: Clinical guidelines for the client

I: The one that exist in Ghana that you use for the client?

R: You come, you check the BP, you confirm then we give you treatment then every month you come for – then you have to be monitoring the, but we have the drugs. If the persons, when you should start with only one or when you should start with two drugs. If the BP is above the wei nu – is less than 210 then

you start with only one drug but if it is more or if there is a target organ damage then that one you refer but if the mercury is 20 then you can start with two medications.

I: So that is what existed in the Ghana health services systems?

R: Previously I was not treating hypertension so I didn't know that but all that I know is you check the BP and if it is above then I refer to the physician but this training

I: That is when you got to know all of these details?

R: Previously I didn't know that

I: What has been some of the barriers in implementing the guidelines. Okay let me ask this question, previously did you know about the guidelines even though you were not treating, did you know about it?

R: That is why I told you I said no. All that I know up to my level that we check the BP and if that one I know was if the BP is increase from whether 130 – 30ml of mercury for the systolic and 15ml of mercury for the diastolic then you confirm the person as having hypertension. That was what I know previously

I: So, this question will touch on relationship with patients the way you relate with the patients. Can you please about your interaction with your patients? What are the challenges to effective communication if they are any?

R: Oo for me in communication with the client, apart from the mobile phone that you will call, I don't have problem because I can speak their language so if the person cannot speak the – I am Akan so if the person cannot speak twi, if the person can speak English we can, if not if the person can speak the krobo to, so for the communication I don't have problem

I: So you don't have challenges with interacting with the client?

R: No

I: What do you think are the key challenges to adherence to treatment in your own experience? Have you had patients who were not adhering even when there was no comHIP im sure there where, people where on drugs that you were monitoring so what is some of the challenges to them adhering to these drugs?

R: Some of them, they said the complications especially the men, when they are not able to sleep well with their partners, sexual weakness so they are afraid to take the drugs. I have one client that said somebody told them he cannot sleep with the wife and after taking the medication he started experiencing that and I said it is just a matter of explaining to the doctor, the medical officer and the medical officer will know which drug will be best and maybe is because, it can be because he has stop the treatment and now the BP is high because the complication, some of the complications to for the hypertension too is sexual weakness so if you don't take it, somebody tells you that and you are afraid and you stop taking it and the BP raise then you can get the complication. It won't be necessarily because of the drug but because uve stop taking it and the BPis getting high that is why you are getting the complication so I explain and I refer him back to see the physician and he went. Even the day that he was going I thought I told her he will be admitted and the same thing happen so he came back so he is now on treatment again

I: What about the women, do they adhere to medication?

R: The women their problem is why should it be this if the BP goes down, why should they continue taking? Whenever they come they say madam when are we going to stop. Yesterday somebody came the BP is 110/76 so madam is it normal? I said very normal I showed her the BP card so you are in green. She said can I stop? No, it is because you are on medication that is why it has gone down so if you stop it will rise again and if you don't take care you will get all the complications, stroke, all these things and but you may not know it has gone up because it is not always that you get early sign so that makes it dangerous because something is happening to you and you are not aware. It will just strike you down one day then you will get the stroke then she said okay I will take. They feel that when you are on it and the condition comes down you have to stop. That only is the problem

I: But could it be that the people do not have money to buy the drugs that's why they want to stop or they are just tired?

R: For the drugs dier no. for now they are using the insurance

I: Okay

R: They are using the insurance. It is only that when they cannot get it from the pharmacy shop with the insurance unless they go to the hospital. Most of them they are havnt complain about the drugs that they don't have money. Though there are aged but because of the insurance they go to the hospital but sometimes to when they said they will be going to the hospital then then they will be wasting time. When you explain it to them, for the drugs you explain that it is not only hypertension but there are some people who are asthmatic and they are on drug and they will not stop so it is not only hypertension that when you are on treatment you will not stop and even it will not cure so you have to continue taking it but the men their problem is sexual weakness [laughing]

I: Ok what areas do you think patients can be informed on more?

R: The complications because when you explain it to them further then they become alert then they want

I: Complications of the disease, the condition?

R: The condition

I: Okay, so if they are informed more?

R: Yes, because this BP dier, the BP is high but you are able to do everything so you don't think is anything but if you don't take care and when the complications set in, that is where you will go down and you cannot do anything and when you reach that conditions too you are not only going to take one or two drugs. You are going to take some other drugs in addition to this ones that you don't want to take so it's better you take this one and prevent that time

I: What are some of the complications?

R: Stroke, heart attack, kidney failure, sexual weakness, blindness then the ultimate one

I: You are gone you will become obituary [laughing]. Okay so now let move to the health systems issues. what areas do you think work well in your health systems regarding NCDs or hypertension, what areas are working well in the health system

R: Health system in general not our place alone?

I: In general, not your place alone. You can talk from your place and general place

R: [laughing] all this is working well there. For with general if you see that somebody BP has gone high its like emergency, we give them priority, we give them more education, we have time for them.

I: Does it apply to other non-communicable diseases?

R: Yea but they are some conditions that we don't stress because like a person has got abdominal ache we give treatment and the condition is gone and the person is okay. Maybe if the person is getting conditions like diarrhea that maybe because of cholera and those things you will give more health education but some condition you yourself you don't know the cause. So I'm having headache, if you do the malaria test and its negative and the person is complaining, you check the BP, the BP is normal, you yourself you don't know the things to talk about[laughing]

I: [laughing] you don't know where to start from?

R: But maybe for hypertension you know where to start and where to end

I: What about conditions like diabetes, HIV?

R: Yes, the diabetes is like the hypertension. When the person is hypertension and you even forgot about it you have to counsel the person to on diabetes because of the complications

I: Oo it part of the complications

R: If the person get the one and then the person doesn't take care, they are twin the other one because of the – like TB, the target organ. Hypertension dier with diabetes they work in hand so if somebody get the other one the person need to be educated on the other condition to.

I: Do you think that all patient has the same access to healthcare in Ghana?

R: All patients to healthcare

I: Yes

R: Ideally it should be but [laughing] you see in Ghana it should but depending on where the person is leaving or staying. Here we are checking the BP but if the person is in the village or where the distance is too far, because of maybe the transport and these things, the person cannot come but when they reach the facility they are supposed to have equal care buy but we have inaudible, we try to see which condition needs urgent attention. The condition shouldn't wait for five minutes before seeing but somebody can wait for one hour, two hour but somebody is supposed to be seen in a minute so we try as to see people who should be taken care of first before them and who should join the normal queue

I: So basically, you are saying that I doesn't look like everybody is having the same care, access to healthcare in Ghana?

R: Yes

I: What areas could be improved to make your work more easier and more enjoyable?

R: Area, like here we should have like a pharmacy, heath info. Centre, proper pharmacy and then maybe a physician assistant or a doctor so that the person will after coming here the person will have to pay

another TnT to go and see the physician or the medical officer somewhere but if we have one attach to the place it will be very right. You will check your BP, its high, I check it again, I enroll you, the physician is here, you go and see him, he do the prescription if it is high then the pharmacy to is here then the drugs are been kept here but we don't have it for this program so that's also is another problem. When they come madam, what worries me is why can't you give us the drugs here. That is their problem because hospital when you go you will delay for long but here to when they come we take our time, we explain things to them well. Even the hospital you see the doctor, even if you don't take care he will not even ask you how are you. As soon as you enter because the people are waiting, it is not their making because the people are there. They don't want to waste time. The more time they waste on you somebody to will be annoyed somewhere so the person just look into the folder and right something for you. You reach the pharmacy, Afia come. One in the morning, one in the afternoon, one in the evening. There we take our time because we don't have much client here. We take our time and explain things to them so when they come here they are happy so if the treatment side to is here it will be more – we will not even lose some of the client but some of them we do everything that we are doing but you refer to go to the hospital to go and see then it becomes a problem but if the drugs everything is here the person knows that when I go and check I will get everything there, more of them will come

I: Erm is human resource a problem of course I'm sure you have even spoken about that. You've told be about lack of physician and pharmacist. What about facilities? Is poor facility a problem?

R: Yeah very very well

I: Is it affecting your work?

R: Oo that one dear you see where we are. This bed actually I'm not suppose to be our body is not supposed to be touching this bed because it can be infected but this is not the place we should bring you and do the but we are compelled to.

I: What about information systems?

R: Information, because of this phone we don't have much problem. Even the district when something is urgent by now, they will call you or WhatsApp you, send the information through the communication information, so we don't have a problem

I: What could be done to improve prevention and improvement of patients?

R: For the treatment, they should allow us, they should bring the drugs. At least for the drugs that we can prescribe that one they should allow us to dispense or they should get somebody responsible for that one. Maybe I will prescribe then the person will go to the dispenser to get the medicine. It will be very best

I: Okay, does it apply to all other conditions? What you are talking about or its just the BP?

R: Only BP but some of the conditions, those that we can diagnose or we can treat, those medicines we should have them but the problem to with the health insurance for Ghana health service, maybe you can keep them but for health insurance some of the drugs they will say don't give them because of your facility. You are a midwife you can prescribe certain antibiotics but depending on where the facility is, how the facility is, I will not allow you to dispense it.

I: Those areas should be improved?

R: Yes

I: Now the set of questions moving on has to do with comHIP when the intervention came. What is your role on the program?

R: Im a CVD nurse, so we do confirmation. The CHO screen the client then when the BP is above normal, they refer them to us for the confirmation. So we do the confirmation within two weeks then when they are hypertensive, when they are diagnose hypertensive then we do the enrolment. When we do the enrolment before they will be grade whether moderate or severe, whether we should refer or we can take care of that.

I: Can you please tell me a little about the training you received? How was it like, what was the form of the training?

R: The form of the training, first we were thought on the IT, that one I don't know - how to deal with phones, I don't know how to say it. So we were train on it\so before you don't know how to use a tablet?

I: Yes?

R: I was good but doing those small small WhatsApp things like typing so even when they came to our facility that they will train us, I told them if they don't call me I will come there by force because I wanted to be trained. Fortunately for me they called me then after that they also train us on the hypertensive itself. The screening, the confirmation, enrollment, treatment, all the processes. After that they gave us the equipment.

I: So, you where train on the use of the equipment to?

R: Yeah

I: Will you say that treatment was sufficient enough?

R: Yeah, it was

I: How long was the training?

R: A week

I: It was a week. But how often do you have training after the first one? Do you have periodic?

R: We do quarterly knowledge sharing

I: And at that forum what do you do?

R: When we go, like our case that we have, the experiences, we share experiences then we also present the mistake that we do then they correct us. Sometimes we do mistake so they correct us how to go about it so like a review

I: So do you feel that the training is enough for you in terms of discharging your duties as a CVDs?

R: Its enough. For me it is enough but I don't know for somebody

I: Can you also share your experience with the program?

R: The comHIP it has help us a lot even me personally because like previously I know it but I wasn't particular like late eating and those things, though I knew it wasn't good, I was doing it but comcare has affected me by self and now I have change certain things. The way, some of the food I eat and those things. Its good and medically to there are some of the things I didn't know but through comHIP

I: I like to worry, so medically if you say that things you don't know what exactly?

R: Like the drugs, when to start with one drug or when to start with two drugs because we were not giving drugs, medication so all that you do is screen and refer but through comcare that we got to know this one.

I: What do you think are the biggest strength of comHIP?

R: Biggest strength, ooo the strength dier, they are able to supply all the things that we needed to do the job because you can train somebody but if the equipment is not there I will come and sit down but when they train us the things accompany with the training they gave it to us so we were able to do it

I: What have you found to be the biggest challenge in the implementation of the program?

R: The challenge is like I'm saying like the treatment aspect when you take care, you prescribe then the person is not having money to go and buy straight from the pharmacy and the person will have to go to the hospital again even though you have done the prescription, the person is moderate or mild so we can do the prescription, so we prescribe it but the person has to go long way to the hospital to go and pick the folder, see the doctor before the doctor can write on the insurance form. For the insurance if you prescribe here they will not pay so if they have agreed for us to do that one, like it will be very good.

I: So how is this program different than what existed for hypertension control in Ghana? Do you think it's better?

R: Its better especially when the patients they have those phone calls, they give them reminders, it's time for you to go for your BP checkup, reminding them to take their medication. It is very encouraging so they feel proud and they say oo madam they have been calling me every day. When I come, they ask you, do they call you, have you been receiving the calls they say yes and even they call me today and I've come. So it's good. usually if you just go to the hospital and the doctor will give you, go come a month later. Whether you go or not unless maybe if we the community workers we know that person is a BP patient. Even that one kraa we come and visit and go, are you having your medication, oo try and go but with this one they will call you personally, they will be reminding you so you will go

I: So how have you found the use of the tablets will conducting the program? Have you had any challenges?

R: Oo the beginning where immediately after the training there were some hitches but lucky for me I have young young girls here so went ever I have problem then I call them but it wasn't look

I: But now you very conversant with it?

R: Not 100 percent but is okay I don't have problem with dealing with the tablet

I: So do you think that the program is appropriate in this district?

R: O very appropriate

I: Why is it very appropriate?

R: Because a program that help you providing you with all the equipment that you need even going to the extent of calling the client every day to take your medication. It is a very good program. Even if you are a client you feel proud. Oo the doctors have been calling me and they don't know whether the thing has been put on computer, oo they are calling me o and sometimes to when they come and they have a problem and you call them in the presence of the doctors and I even put it on speaker for them to hear. Doctor, this my client is here and the person is coming, oo let the person come. I'm in room, when they come let there come to this room number then when they are going they are okay.

I: But has it change patient perception about health care in general in this district?

R: Yes

I: It has, how do you know?

R: Like previously they thought the doctors, we don't have anything. They think we don't have time for them but through the comHIP. Sometimes oo madam like we don't know oo. We don't know you do these things here, you are doing well, you have patients. The way you get time and you talk to the patients. Because most of them many people didn't know, they thought that this place was for only weighing but after that then they come and see other patients here, oo madam you do all these things here oo we didn't know.

I: But why were they thinking it was for only weighing?

R: Previously it was an RCH but we were later upgraded to health center and most of them didn't know

I: Can you please give me, have there been instances where a patients has been unhappy about his participation in the program, in the comHIP program?

R: Oo for me my patients dier

I: None of them has express, they've not regretted joining?

R: No, they are always happy

I: Fine I think even with this one you've already answered but I will still ask. The text messages from the discussion I can see it's been very useful. Can you give an instance that a patient find it very useful?

R: Because sometime they forget, if you give him a date or tell them four week from today you will come and check your BP, the person will forget but if he is there then they call him, go and see the nurse and measure your BP.

I: So they themselves come to testify like this?

R: Yes

I: Very useful?

R: Sometimes like this they forget and when the call come they will be in hurry to come, madam I have forgotten oo. They have called me

I: But no patient have complain or had trouble with the text messages or voice message?

R: No, the only person, the only person he said a cousin was staying with him and now the cousin has travelled, has live the town but still he/she is a client but anytime the calls has been coming two two because he will receive his then latter on the cousins one will also come but even that we told sister Rhena

I: Okay then they took out the number. In your opinion has this program had an impact at other existing programs?

R: Yes because like after they have given us, when we were doing the community education, when we get to the community, we take the opportunity to educate the members on other health issues

I: Okay so it has impacted on other health program. What effect that the comHIP program had on your work load?

R: [laughing]. My work load like sometimes you are a midwife like I am the only midwife here, pregnant women are there and then the comHIP patients are waiting but I have to explain. It all bores to explaining the things to them, oo please I'm coming I have this client I will be with you in some few minutes. Sometime when you have the days we use to call them so if you don't take care and you call many people, sometimes you call them and they will not come. You call about three or four to come today they will not come so when you take the phone you want to call more so that in case. If you are not likely and they all come and the other working is there then you will be very hot but we manage and do it

I: But do you feel you are overworked? You don't feel you are overworked?

R: No

I: If comHIP was to be implemented in another district what will you suggest they do differently?

R: Me that my problem is the drugs that we the drugs that we can prescribe they should allow us to dispense it

I: That is the only problem you have, that the only thing that they should change?

R: Yes

I: Apart from that the screening process nothing to be changed, the kind of tools, our apparatus they use nothing should be change? The kind of information, the kind of training, nothing should be change about it?

R: It's just right

I: We are almost done but before we finally end the session do you have any adding's, anything you want to say about the program?

R: I think the program is a very good one so they should continue, they shouldn't end up in this district alone because there are other district that we have this problem so that all Ghanaians will benefit

I: But is it a program you think Ghana health service to take in-charge of because in case FHI is not able too?

R: Yes is Ghana health service is our responsibility, we should be provided with the necessary training and the equipment so that we can continue after they have gone we can continue like the patient information system. For the job so far as we have receive the training, the training is there so whether they go or they are here we can, so if these things can be continue for us.

I: Okay thank you very much for your time I'm soo grateful. It was nice speaking with you

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_004

Main interviews

I: Okay so ones again good morning

R: Good morning

I: So, like I said earlier it's an interview or an evaluation of the comHIP project. We basically want to know your experience with the project, whether it's been, it's been bad, what can be done to improve it if they are any, how you find your clients, your interaction with them, the health system that we have in Ghana and how it is, what are the loopholes, what are the advantages and what can be done to improve comHIP. So basically, it will center around that so the first set of questions will tackle you as a person, what you do, your task on a daily base and all that and so the first question is can you tell me about your role as a nurse?

R: Okay thank you. Please I am a CVD nurse in the comHIP project and my main role is to enroll client, manage them, refer them if possible and then give talks on lifestyle that can help people with hypertension.

I: Okay so but before being a CVD on the comHIP, what is your role?

R: I was a community health nurse

I: Okay so what were you doing before?

R: Okay, yes, I take vitals but I don't manage BP client. I do minor illness, stitching, CWC, school health and then the rest

I: Okay when you begin to use Abbreviations you begin to confuse me

R: Yes sorry

I: [laughing] because you know I'm not a health professional

R: Child welfare clinic, antenatal, taking care of pregnant women, postnatal, women that have given birth and they are coming for assessment and then immunization

I: Okay so can you tell me how you organize your services?

R: Okay the school health service for instance, before, we write letter to the head to inform him or her about we coming there to come and do the school hygiene and inspection. So we do the school hygiene and inspection, physical examination then we give talk. Then we do community durbar, ones awhile we organize the community members together. We have health education on issues related to health in other to change from certain health behavior that will not be of good help to them

I: Okay so with the kid what do you usually screen them on if you do the school services?

R: Yes, we do physical examination from head to toe to check any abnormalities either skin rash, undescended testicles or if there is pain in the ear, the eye because we do the eye examination also. So if you see any abnormality in the child then there and there if you can treat it fine but if you cannot treat it you have to refer to the clinic but at times we do immunization especially the young ones the preschool. We ask them to bring the weighing card. Some of them start school as early as one year so what we do is you bring your weighing card. We give Vitamin A to those who are six months and older and those who have not taken the measles to we also give them so we do immunization, physical examination, the health talks and the rest

I: So how often do you do this?

R: Every month

I: Every month?

R: Yes but for now they are on vacation but as for the physical examination we do it once a year but the health talk continues throughout the year.

I: Can you describe the other health care professionals that you work with? The people you work with here what categories of staff do you have?

R: Okay we have one midwife madam Joyce Adjei and then seven community health nurses, one enrolled nurse and then four community health workers that's the gentleman who gave you the chair. So everybody an its role. The midwife she take care of almost everything in the facility; antenatal, postnatal, child welfare, school health, everything here then we the community health nurses also have our role that we play and then the community health workers they also help us in home visits. We go with them to know the houses conditions that are common in the community. Then when we are going to have health talk we ask them to go with us to see how things are done so they are there to assist us. Then the enroll nurse also takes care of the clinical aspects. When people are sick and they are not feeling well they come there, he attends. Now we have two enrolled nurse, yes they attend to them to give them treatments

I: So who is the head of the facility?

R: Madam Joyce Adjei. For now, she is on leave

I: Okay, we continue. How is hypertension diagnosed?

R: Erm before the comHIP project what we do here was when we check your BP and we see that is high then we tell you come and check it for one continues week so when we see its high then we refer you to Atua so after we've gone to the training and then we've acquired some knowledge on this project then we got to know that you will check it three times then you will give the person another two weeks to come and check. There you will know if the person is moderate, low or high and if its moderate or low you will have t manage it but if it is high you have to refer the person to the hospital for the physician to manage the client so it's basically you checking the blood pressure to know whether you are hypertensive or not

I: Okay so before the project if I heard you right you said you will advise the patients to check it continuously for a week?

R: Yes

I: Is it everyday?

R: Yes

I: Every day for a week and were people adhering to that?

R: Some will, others will not because you tell them your BP is very high and the person is like I have never been told so you get it? So we will tell you this is what the systolic is saying and this is what the diastolic is saying and for me if it hasn't been for this project I wouldn't have even know the normal hypertension range. I didn't know it was 120/80. For me at times when I see it to be 130 or something I will tell you, you are hypertensive but maybe the person is stress up

I: That was before comHIP?

R: Yes. Maybe the person is stress up but for me straight away I will tell you, you are hypertensive but when we check it for that one week and we see that it's still high then we refer you to the hospital

I: Okay. So what treatment do hypertension patients take?

R: Okay for instance those with the low BP, some for instances we put them on only one drug, the bendro and then the moderate one but we have some people when the BP – is like the person s on one drug but the next month if the person comes you will that the BP is still high for let's take it three month then you need to refer to the physician that when this person started it was moderate but now it's like the BP keeps on rising. There meant be other factors that are contributing to that then we give you to the physician so if the physician manages you for about six month and sees that it has come back to normal then the physician will refer you back to the CVD nurse to manage

I: Okay and can you explain to me the categories of hypertension case because I hear you say mild, moderate, I think there is a third one, the high so what does it mean to say its moderate, its high or the third one?

R: The moderate one that's what I'm saying some people meant have it due to – for instance maybe the person's father is dead or something so situation can cause that one to trigger because when you put them on bendro for about some months you see that the BP drop normal but such person you still have to continue with the treatment because the likelihood that the person will go but to it is very high. Then we have the moderate person. That one depending on the range the person falls in, that is the BP when you check it and then the BP when you check it three times the final one we have the average BP, that will tell you if the person is moderate, low or the high-risk type. The high-risk type you cannot manage it you the CVD nurse. You need to refer the person to the physician but every month the person come to you to come and check the BP for you to know if the person is adhering to the medication giving to him or her.

I: So how do you determine the average?

R: The average, okay that's why im saying when you check it three times. We use the tablet so when you do your entering you check the first one you wait for three minutes, another one three times so when you finish with everything the average will just come on the tablet for you

I: Okay. What other forms of treatment do you have for hypertension aside medications?

R: Is the counselling

I: Okay

R: Is the counselling. The fact is that triggers the hypertension so before we enroll you we take you through - we ask you series of questions and some people don't have any knowledge about the whole thing call hypertension especially the aged so you need to tell them when excess alcohol, salt then the person is like I don't take salt then you have to tell the person when you are sick, it is a gradual process. It does not start one day. Maybe there are some behavior that you put up when you were youth and now it's having effect on you so mostly is the counselling because someone meant come, you will check it, the very first time its high. When you give the person two weeks and the person comes again you will see that the person is not hypertensive. So what do I tell you, I have to counsel you on your lifestyle, your salt intake, your cholesterol, exercise, this kind of things but every three month you will be coming and come and check again and some will come and some will not come. That's the problem

I: Okay so this one sound more like comHIP treatment?

R: Yes

I: So before comHIP, how were you treating hypertention?

R: I didn't know tobacco and then a lot of fat, that is it and then lack of exercise but mostly what I stress on is eat a lot of fruits, vegetables, don't be taking salt, don't be taken alcohol. That's what I know till I went for the comHIP project.

I: So what is in alcohol that triggers hypertension?

R: Okay how should I say it, there is an example that they give us. When your alcohol is in it meant or whatever, it swells up so the more you take it into the system and it's not only alcohol that you are taking. You are taking salt, you are taking tobacco or there is someone smoking in the house and the more you grow the more your blood arteries they get smaller so it becomes more difficult for blood to push through this arteries to the heart to be able to supply blood to the whole body so it makes it difficult for the blood, the alcohol, it makes it difficult for blood to pass through the arteries to the heart to supply blood to the whole body to function well.

I: Today we are doing science [laughing]

R: Yesso [laughing]

I: Okay so ones a patient have been diagnose, what is the prevention information that is provided?

R: I some instance I will ask you at first you didn't know you have this disease and now it has come to stay. Before you had this kind of condition what was your lifestyle, I will ask you and the person is like at first I use to take alcohol but now I don't take it again. Now I have been advice to be doing a lot of exercise. What kind of exercise do you do? So, from what the person will tell me that is what I will stand on. Okay fine I'm still taking alcohol whiles I'm talking to you so now what do we do? And me I will not ask you to stop it instantly even at least petty petty sins that we do at times its difficult for us to but it takes self-discipline. So I'm like a day how many bottles of alcohol do you take a day? Then he is like every day I take one and when I go for funeral I take then why won't we do it this way. Now because of what you've been doing it has brought this condition to you if you didn't do it you will have stayed healthy so why won't you

do it ones a month and let see. If you crave for it why won't you tell your body that this thing is destroying me so at least I have to discipline myself. Ones in a month I will take it. Even if I will take it has to be half a bottle then gradually gradually you can stop it. Low and behold ever since we started this project, I lot of people come and they will tell you if it hasn't been for you people I don't know where I will have been by now because I use to take salt. I always tell them is this krobo land that even common pepper they add salted fish to it [both laughing] yes. I always tell them because even the oil, the palmtut soup that we prepare here, you see a lot of oil settling on top and they will tell you that make the food appetizing but at the end of the day you are taking it into your body, you will take ice water and it will become like block so I have a video on my phone that I have been showing it to them. Someone send it to me. Its like hot wat that oil has been poured in it and then cold water and the person stirred it and the way it turns in our body so that video I always show it to my client and they are like we are killing ourselves slowly. Hypertension can be prevented but then the stress aspect also. Me I tell you, everybody has a problem and there are some certain problems we cannot let go of them so why don't you leave it in the hands of the lord and walk freely because you will die and the problem still will be there and the person is like I here and then as time goes on you call the person. Once awhile you call the person, what I said are you practicing it.

I: We were talking about the prevention information that you give to your client

R: Yeah. So it's all about lifestyle, things you will do to help

I: So how is prevention organizing at the primary health care level?

R: Okay we were doing community awareness. We organize the community members we sensitize them on the causes of hypertension, the preventive measures an then the drugs that can be giving and then I initially told you is not everybody that we put on drugs. Some of the people you just need counseling and they will be okay

I: So for other condition how do you organize prevention at your level?

R: It's the health talk

I: And do you coordinate with some health organization maybe some health promotion agencies?

R: Yes, recently for instance we have a health screening with 'joyful way incorporated' at the school park

I: That's a group I'm very familiar with

R: Yes this Easter Saturday we had and at times and at times to when we are having durbar or maybe the community members themselves they organize their own meetings, we buy in we tell them can we come in and give health talk on any health related issue or anything that you people feel that we should tell you and then socio serve when they are having their program we join them

I: Okay let move to treatment again and could you please explain to me the steps that a patient follows when they come to you and you suspect hypertension or another CVD, what steps do they follow?

R: Okay before we put you we start with the whole process but if we tell you, it something confidential and it's between the two of us so if you have anything and question, any suggestion, it's going to be between the two of us so after we check the BP for two weeks and we now know that you are hypertensive we will tell. Its either we get you on drugs for a physician to manage you or I will be managing you. So

every month you will come to me, I will check your BP. There is a card that we will give to you. Already you've sign your consent form which I was with this morning. So I will give you a card, when I check the BP I will tell you this is what this figure stands for but I will ask you before I will enroll you I told you the normal blood pressure

I: Okay

R: When you ask them some will remember? About 80% will tell you they've forgotten because already the person is stress up so you need to be hampering on it. So I will tell today the diastolic is up a little and the systolic is a little bit up. What is a problem then you tell me and we see how best we can help each other then I will check your sugar level, if you are diabetic or not. Your height, your BMI, are you becoming obese because that one also contributes to the hypertension or you are normal? Are you underweight, do you eat well, so diet to will come in, the normal of services you have to do a day and the type of exercise that you need to do, and then the drugs to when you take it some of the allergies that you will be getting and the time you have to take the drugs, all will be said to you.

I: Okay so can you give me a typical example where somebody had two or more complications how did you manage that?

R: Yes I refer. I refer to the physician

I: All right so how is care coordinated with the rest of the team that you work with?

R: When I'm not there maa Joyce is there. She will manage my clients for me. When maa Joyce is not there Gifty use to be at a village call Ayermesu. She is not here, she will manage my clients for me so

I: Okay she was a CVD there?

R: Yes and she is still a CVD nurse here. The other colleagues to the CHO who have been doing the screening, I have taught one lady how to go about the tablet and how to do the management for me but if she faces any challenges maybe maa Joyce is not there, sister Gifty is not there she will call me on phone, how should I go about this thing

I: And how do you coordinate care with other related disease no just BP but other conditions that come to the facility?

R: Those that we can manage we manage them here like malaria, contortion, chest infection, STI, diarrhea, we manage. Most of the case we manage them here. If it's beyond us we refer

I: So when you refer do you make sure the patients go to where you have refer them to

R: Yes we do follow up. For instance, this Monday, it was Tuesday it rained. I had a BP client, I have been calling her to come for follow up. Anytime I call here she is at work, Anytime I call here she is at work. This Tuesday I was there she couldn't take. She came and she was like

I: She was just touching you?

R: She means I should check her – she couldn't talk so when I check the BP it was normal, 127 something. So, I asked her to rest. I ask her what is the problem? She said she woke up and she couldn't feel her body so I could see some scratches on her and she said she has been pinching herself to see if then I told her so if it hasn't been for the experience you wouldn't have come for the follow up and she ask me to send her

to the hospital so I have to send her to the hospital, the first question they ask me was is she a diabetic and I said no she is not a diabetic but fortunately for me I was having a glucometer with me and I checked and it was 9 which is pre-diabetic but she has eaten in the morning till that afternoon so the sugar level is a little bit up so early in the morning, I pass through st. Martin, I checked and it was 5 and I got to know she is not so they put her on treatment which I'm yet to call her this morning to see how she is fairing and those that we cannot go with when we refer we call because we have all the numbers. The nurses, the physicians, fire services and then the ambulance. We have everybody numbers here so we call. I'm refer this person to you, when the person gets there please give us feedback when the person has reach so we do follow up

I: So, I'm going to ask you how do you transport people with emergency cases like in the case of the woman you just describe, how did you get her to the facility?

R: We board a taxi

I: And who paid for that taxi?

R: I paid because she was not holding money, she brought only the insurance and I paid and the husband called me to thank me [both laughing]

I: He didn't bring the morning. So, for most of this emergency cases you end up paying with your own money?

R: Not really but some to the facility we contribute and do it depending on the status of the person

I: So, there is no government fund sitting here for such emergency?

R: No please

I: Okay we move on. What are the things you think work well in our health system in coordinating care?

R: I will say the education that we've been giving them concerning health related issues, at least we are seeing changes in some of them especially for instance malaria. Last year it drop, it really drop because at first they have this notion that when you stand in the sun for long you will get malaria and then this mango season that's when they think cholera comes but through education we got to know that malaria is only gotten when you are bitten by the female anopheles mosquito and now they are absorbing that kind of information, and even when you come to hypertension, at times they can even think that is somebody who is doing it but when you dive into more

I: They attribute it to spiritual things [laughing]

R: You don't know my people [laughing]. When you take to them and you dive more into it, you get a lot of information from them and at the end of the day, the person will know that is true, it is the lifestyle that I'm in or the lifestyle that I have lead some years back that has cause me this condition

I: So how do you think you could coordinate care better? What are your biggest challenges? Because it's not everything that is working?

R: Yes, is not everything but you see in nursing we call something improvise. For instance, here for instance is a rented apartment and we have the midwife who is eager to do delivery but the landlady is saying no we can't do delivery. At times we close at 4, at times 5 o'clock which is a very big challenge to us because

then I refer you to a physician. But first we were not doing it. We will only be referring you, what if something happens to you on the way, don't know and at least a lot of people didn't know they were hypertensive in this community especially till this project came and we got to know a lot of people are hypertensive

I: So what existed before was just thirty percent useful?

R: Yes to me

I: I understand okay. Do you think that there have been barriers in implementing what existed? What you know?

R: No, not at all

I: The set of questions we will move on to has to do with your relationship with your patients. I'm sure you have said a lot on that but I will still ask you questions related to that. Can you please tell me about your interaction with patients, what are your challenges to effective communication if they are any?

R: Yes, I'm not a krobo, I'm an Akan an I speak the krobo very well but I have challenge with the Aged. You say as they grow the hearing and my voice to this is the highest voice I can give you

I: Really?

R: Yes, this is the highest voice I can give you so at times there are some explanation when you have to give you can't express yourself well so you need to call in the third person but a client will tell you no.

I: No they want the one on one?

R: No I want you and I'm like you know I'm not a krobo, I'm forcing so please let me call this person to break it down for you to understand to understand it well so for me I will say it's the language barrier because more or less at times maa Joyce has to come in because when I'm talking to them maa Joyce then see will explain it very well for them to take it.

I: But apart from that what is your interaction with them like?

R: Very cordial. I am jovial when there is a meeting and at times I'm harsh on them, my client too they know it especially when I have called you and you are not coming, if you tell me you've travelled and I get to your house and you are there, you are in trouble with me [laughing], I will tell you my piece of mind then hold your hand and bring it to the center

I: O you do that?

R: You don't know me [both laughing]. I will take you to the center and then the person is like oo you see at first I was dying, now I feel okay that's why and especially those that I prescribe the medicine for them. Those that are on bendro, they know that when the medicine gets finish they can get to the drug store and go and get it so that is the problem I'm having with them now but for the relationship I wish you will ask them, very cordial and through comHIP, this one you don't have to record, I'm having mangoes [both laughing]

I: Recoding is not bad at least we know you are benefiting from comHIP [both laughing]

I: What are some of here reasons why she?

R: She said when she went to Atua, Atua people ask her to go to VRA

I: So that is the only reason she wont come?

R: Yes she won't come that is my only challenge

I: What areas do you think could be done more to inform the patients?

R: At least the system is perfect. I don't have any problem with the system and at times to there are some volunteers that have been trained in the community so when the patients is not coming, I fall on the volunteer to go to the house and check what is happening. Maybe the person has travelled or the person is sick, for instance I now have two people that I always have to go to their home because they are grown and they can't walk. They are in their homes now so for them I know every month I need to be going to the house and go and check the BP myself.

I: So you think patients are well informed?

R: Yes

I: Okay we will move to the health systems issues. What areas do you think work well in your health system regarding NCDs or hypertension?

R: For me at least I have been able to know a lot of drugs for hypertension treatment and then some of the conditions that triggers the disease and how to interact with my client and this project has also help me to know the behaviors of some patients. Now I have a lot of knowledge about this project. The type of food to be eating, the exercises that we need to do, the fruits that we need to take a day

I: Okay but then when we look at the Ghana health service, health system, when you look at NCDs, what is working well in those areas? Treatment, care, what is working well? You think patients are getting the necessary drugs they need to survive, you think what is really working well in our system for us?

R: I can talk for Asitey health center. For asitey health center we don't have a problem because any condition that comes with the help of God we are able to manage. Yesterday a lady came here and I ask here where are you come from, she said nuaso and I question her they have a health service post there so why did you come here? My sister said she was her and the kind of treatment of treatment you people gave her, I have also come. Do you get it so for asitey we don't have much problems, everything is on point.

I: Okay, do you think all patients have the same access to care in Ghana?

R: I don't think so

I: Why?

R: I don't think so, I don't think so. It meant vary from each facility. Someone meant come here and we will attend to the person and we will get all the drug for the person. The person meant go to facility B and the person will be prescribed Para to go and buy and the person will be like I'm on health insurance how come common para you people didn't give me. So I think its vary it not the same

R: It was one week

I: It was one week okay and how often do you get this training?

R: I will say quarterly because we've been going for knowledge sharing, yes quarterly we go and everybody brings his/her views, the challenges, the success stories and then the way forward to help improve this project as a team

I: Okay and you think the training was sufficient?

R: Yes yes because at times when there is something new, they will send us message. We have a group this thing that every time, the problem you are facing the challenges you can send it to the floor for us to have a discussion on it so its okay

I: Okay so do you feel that you have sufficient training to fulfill your duties?

R: Yes

I: Can you take a bit about your experience with comHIP program?

R: Almighty comHIP

I: What has been your experience?

R: For me the experience I will say is a positive one. Yes it has help me to know that at least in the community in which I'm working I have a lot of hypertension clients which I didn't know and the project has also help me to know the stages of hypertension, the categories of drugs to be given to a patient, yes.

I: What do you think are the biggest strength of comHIP?

R: The biggest strength

I: Something you will say it very unique with comHIP, its very significant which has really sustained this program?

R: They always deliver. Like everything you need to know about the project, they give you the go ahead. Everything of theirs is on point, yes.

I: So you think that at least their information is?

R: Superb

I: Okay what have you also found to be the greatest challenge in the implementation of the project?

R: The follow-ups

I: The follow ups [laughing]?

R: The follow ups hmm

I: It is the biggest challenge for you?

R: Yes

I: Okay, how is the program different from what existed for hypertension control in Ghana before? Do you think is better? If yes how if no how?

R: Yes is better, is better. Now the community members are aware. They are more enlighten on the condition and they own it.do you get it? Its like I don't know, that is why I'm telling you that a lady is winning souls for me because I've told her you have to own it. It's a condition that has come to stay. Its like working for heaven, work on your own self and if it go right for you, you can propagate the gospel and tell I have been there. I know what it is so my dear you are also hypertensive, oya lets go to be treated [both laughing]

I: Okay how have you found the use of the tablet whiles conducting the program? Have you had any challenges?

R: Not on my side. I don't have any challenge. It's now that the network are not working, when you make a call it will not go so now I'm using my own personal lines to call my client but im sure it will be resolve very soon.

I: Has it been user friendly, the tablet?

R: Yes it has because they've given us a clinical guidelines on it so at time to time when I'm having my leisure time I just open to that place, read more about and if there are some things I don't understand I just google and then find more about it so its very useful.

I: Do you think the program is successful in increasing awareness of hypertension in Ghana?

R: Yes very successful because we have durbars during the myayem festival, do you know the myayem festival?

I: Myayem festival sound like eating food festival

R: [laughing], millet festival

I: Why they grow millet here

R: Do I even know the history [both laughing] but no, it is a millet festival. During those occasions, we go there to give health talk, we check the BP, a lot of people get to know about their hypertensive. When we go for home visit we have a bag, they've provided us with a bag. We put our BP apparatus in it, we screen people

I: Okay you've been creating awareness but I'm just thinking if there is a festival and you screen people, chances are that people may have travelled back home and you screen that person and you realize that person is hypertensive what do you so to that person because definitely i will go back to Accra or where ever I'm coming from

R: Yes

I: So what happens to that person?

R: So we will right the values for you. When you get back to Accra got to the nearest hospital for the BP to be check. If you are hypertension they will put you on the treatment.

R: No, maybe I don't know

I: Okay we are almost coming to an end of our questions but before we final finally end, are there any thought you will like to share, any examples that you had and you will like to here, in fact any patient that you deem, you cherish so much that you want to share experiences that they've told you about?

R: Then it will be my Gladys Pardy because that woman she was here last week and when I finish attending to here, I had tears of joy because when we started I think the BP was 154 or something if I quite remember and it has drop to 120 something. When I was doing the six month follow up for her i was overwhelmed

I: I can even see that you are overwhelmed now [both laughing]?

R: When we started when she comes, she keeps on complaining and the BP keep on raising. I have to encourage her, my dear we will get there, we will till the six month when I did it for her everything came down and this woman was like auntie abi, if not because of you, I will have been died, and I was like you came at the right time and for her even if it's not her time, the moment I call, sister Agi please is it my time to come, then I say it's not your time, I'm just calling to check on you. I thank God and also my old woman who want to take the traditional medicine and I convince her to stop taking the it and now the BP is okay and she has won souls for me, God bless her

I: God bless her, it's been wonderful talking to you?

R: Thank you time spent with you was very useful

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_005

Main interviews

I: Like I have already indicated, it is an interview to evaluate the comHIP project. Basically, we want to know your experiences with the project since you were enrolled onto the project. We want to know what your experiences have been, your interactions with the patients, your challenges with them, your strength with them even with the project too then we will also talk about the health system as with Ghana service health system, issues about them, we will also talk about some of the clinical guidelines that exist with hypertension prevention and control and that is why I am here this evening and ones you've had consented to it we will go straight to the questions that there are. Place what is your role in this facility? As far as comHIP is concern?

R: No I am a staff nurse

I: And what do you do as a staff nurse?

R: The staff nurses, community health nurse we do a whole lot of things. We go for home visit, we do RCH activity like family planning, antenatal services we give health talks, we mobile the community members for durbars, we do counseling on TB and then HIV, we go for CWC that is child welfare clinic and also, we treat minor illness.

I: Okay how different are the role for a community health officer and a community health nurse?

R: The role, is it

I: How different is your role because you said you are a ?

R: Staff nurse, community health nurse staff nurse. The diplomat and the certificate but I have a diploma in community health nurse

I: Okay, all right so how do you organize these services, the services you have just talked about?

R: Well it depends on our itinerary. Like the treatment of minor illness, we are there, when someone is sick in the community they come to the facility and then we treat them. With the home visit, we have a plan date that we go to the home visit.

I: Okay

R: That one we have our note books and we get to their houses to visit them routinely, just to ask about their health, establish rapport and if there is any issue we assess their needs. We try as much as possible to help solve them in the community. That is what we've been doing her and also with the child warfare clinic to, prior to the service we have to go for home visit and inform them and inform them about the next day for the CWC and also mobilize the mothers and the day that they will come we have to educate, health talk about any condition. It could be malaria or any other thing before we start everything. We do the weighing and other things

I: Okay what inform the health issues you talk about?

R: Some of the health issues we talk about?

I: What informs it, so if today you decide to talk about malaria, what informs you talking about malaria today?

R: Most at times our health talks is based on what the national grade they've brought every month. We have health talk for every month. This month per say we celebrated world malaria day so with April we talking mostly about malaria but we have a whole lot of things that we have been doing. When we get to the [inaudible] burili ulcer is also in our district so we also use that opportunity to give talk to them about burili ulcer

I: Okay, can you also describe the other health care professionals you work with?

R: Well here we have five community health nurses just like me and with a midwife. With the midwife she take care of the antenatal mothers, she does postnatal and also complement us in a way when we have shortage of staff for some other works, she comes in and then give us the support

I: Okay, how is hypertension diagnosed what are the key steps?

R: Well it is diagnose by checking the BP of the person. First of all it is not an instant thing that you have to diagnose the person of having hypertension because so making thing could lead to something which you meant think that it is hypertension but per the project and what I have achieve so far, when the person comes to me, it is not that immediately that I have to diagnose the person of having hypertension base on the readings that I have had. Maybe the patient is a known hypertensive client that one is different but when the person comes to me the first time and I check the BP after the person have been refer to me as a CVD nurse, I also talk to the person about hypertension, some of the risks factors and the things that the person will actually ha to fall in which will indulge him/her to this condition. Then with that I check the BP three times and then give the person two weeks to come. When the person come, I check it again so it will give me average of the last two weeks that the person came and then the two weeks, it will compare both and then the machine will tell me whether I have to enroll the person of having hypertension or not

I: So before comHIP where you diagnosing hypertension or did you know how to diagnose hypertension?

R: Yes before comHIP it was something like unprofessional way of diagnosing hypertension because im not a medical officer but the moment that I see someone BP instantly 140 something because when I was on campus, they taught us about non communicable disease in which hypertension is concern so they taught us that persistence raise in BP that is 140/90 above, the person is having hypertension but I never knew that you have to actually wait. The persistence side is the aspect left out. We taught that just instantly the moment that the persons BP is 140/90, immediately the person is having hypertension but with comHIP I've actually gain much knowledge about how to diagnose someone who is having hypertension and how to different whether the person is not having just because of stress or minor thing that has actually shot the BP up

I: What treatment do you give to- what treatment do hypertensive patients take?

R: Well the treatment aspect we have non-pharmacological treatment and we have the pharmacological treatment but some when they come we do give them psychotherapy reassuring them because most of them know. We know that stress can also lead to hypertension, that is also there. Some people do come they have low BP. Their class it means they don't even need the drugs, their lifestyle has to be altered. When their lifestyle is altered, their BP will come down but with the pharmacological aspect we have drugs that we do give them depending on the level of the BP value the person is having.

I: So ones you've diagnose a patient what preventive information do you give the patients?

R: First of all we encourage them to reduce the intake of salt, too much salt because we know that one also is a risk factor for hypertension. Too much intake of sugar so we tell them to reduce alcoholic beverages, they have to do regular exercise and have sleep and rest and also, we do advise them to take fruits. These are some of the things that we actually been doing.

I: What kinds of fruits are very good for hypertension patients.

R: Well with the fruit we do encourage them to be taking this, let say vegetables, fruits they are avocados and the carrots then oranges are also there then mango are also there because there are some fruits there which in our domain we don't have them but what are available to them that is what we tell them to take in like the mango, the banana and then this are some of the things that we tell them.

I: How is prevention organize at your level? Your level is a primary health care level, right?

R: Yes please

I: So how do you organize prevention at your level or how to do coordinate preventions with other organization, other health promotion agencies.

R: With the agencies at times if it is NGOs or other things we do draw an action plan for a place that we want to go depending on the date and some of the visual aid that we have to take along so with hypertension, we pick things like maybe salt because we don't know, because of the visual aid that we don't have and also posters. So, we do community mobilization involving the community members. We sound the durbar to them like beating the gongo for them to be aware that this day we will be having a health talk, prevention of hypertension in this area. So, we do that, we organize them, we go to churches we give them the primary education on how to prevent hypertension for them not to be infected with the disease or maybe they will not contract the disease so this are some of the things

I: So, what are some of the health agencies you have or you collaborate with?

R: This place I think the agencies are, I will pick FHI360 and then at first, we have Plan Ghana. Plan Ghana to was there and I think so far this are the agencies we've collaborated with us. Not the national one but in the district, Plan, FHI360.

I: Could you please also explain to me steps that a patient follow when they come to you and suspect hypertension or any other CVD?

R: The steps that I follow when?

I: When you suspect?

R: Okay first of all when the person comes in, I will welcome the person to my aid and then offer the person a sit and then ask the mission of the client. When the person comes and the me that, at times when they come, oo I want to check my BP. I will first of all probe are you a known hypertensive client, they will tell me no but at time I don't feel very well, at times I feel dizzy and then I feel some palpitation and other stuff. So first of all I do start by encouraging the person that hypertension can actually be the problem but before that I want to tell you something about a project that has actually been instated in lower Manya so I give them brief information about the comHIP project. Those who are funding it and then after that I give the person education about hypertension and after that what will go in during the process of checking the BP. I will check your BP three times, the left and the right, compare the two and see the one that is higher then I will repeat the last one which is the third time between the minutes of three to ten then I will do it. I will tell the person that this reading when you see that your BP is 140/90 you have to break things down for the client to be aware so that when the client see 140/80, I know that the systolic is higher so there is a trace of hypertension there then when there is 90 to I will tell the person there is a trace. When the person comes and the person is not a known hypertension that today as I have check it for you, it doesn't mean that you have hypertension. I will give you two weeks base on the education that I have given you and other stuff, just go two weeks' time when you coming don't eat because we will use that opportunity to also check your blood sugar for you to rule out diabetes.

I: Okay so what you've describe is for hypertension right?

R: Yes

I: For other CVD condition what do you also do? When you suspect the people or the patient having any other condition aside?

R: When the person is enrolled onto the program and I suspect

I: No necessarily enrolled?

R: Any client

I: Any client?

R: Okay well I start the same way but not into the extent of entering into the hypertension aspect. When the person comes the introduction is normal. I will just ask the person have you been here before the person will tell me no. okay please what are you coming to do? For family planning services, if staff are there I will tell the person to go to the next room for but if there is no one there I have to go there and offer the services but most at times when they come here with the treatment of minor ailment, I sit them down and ask them their mission for them to relax for a while. When they are adult I just introduce myself to them. I am the nurse here, what is the problem? I have headache and other stuff, okay I will give you a card and with this card this are the things that you have to do, I will pick your insurance card if you have it. I will feel everything and before that I will check your temperature. I have to seek for your consent before I check your temperature, check your BP and your weight. After that I ask for their history and when I pick their history, out of what they have given and if it is, I suspect malaria I use the RDT to check it. Before that I have to seek for your consent before I use the RDT on you. So when it is positive I will tell you and I will let you know the result because before that I will tell you that when the lines are double on the cassette it means that malaria is positive but when it is on the C, the control line it miss that it is negative and after that I probe for whether it is acute respiratory tracts infection or worm infections.

I: Okay when you also suspect diabetes?

R: When I suspect diabetes, FHI has given as glucometer and glucometer stripes so when they come, suspecting diabetes first of all when the person comes and tell me that I have been urinating frequently. I ask the person have you also be taking water frequently like that because I use the three cardinal systems of the diabetes and I ask him when they say yes first of all I will explain something small about diabetes, to them, give them the information and then I pick the glucometer and I tell them that I want to use this opportunity to check your glucose level whether your sugar is very high or low. If it is very high that does not mean that you are having the diabetes. I will refer you to the hospital for you to see a physician for the physician to also follow upon you if there is anything. So I have been picking their numbers for follow up to see whether they are okay.

I: Okay so a patient with two or more complications to? Hypertension, diabetes, HIV, how do you manage such a patient?

R: Those people because its HIV they need to take their drugs from the hospital so when they come – here we don't store hypertension drugs. They only come here for the management and with this people I believe there are known hypertension and they are already been manage by the physician so when they come and they are like that, after doing the hypertension aspect, the diabetes one because it is linked, referring the person to the hospital, I will call the doctor first. That is what we've been doing that this client will be coming. With the HIV people to, definitely they will go there but when they go there we tell them that the drugs that they went for - because they confine in us they tell us everything. When you come bring your drugs for us to see whether you've been taking your drugs so they bring it and we just do it. We don't give treatment on HIV and other stuff but we do give them education about nutrition, exercise, about the things that they have to, drugs, treatment adherences and another thing we do give them.

I: Okay we continue with our interview, how is call coordinated with the other team that you work with, how do you coordinate care and how do you coordinate other service too even with the secondary level of treatment how do you coordinate care

R: Well because – I cannot say that I know everything and I have issues about, I'm not sure about what I'm doing I do consult them especially when a child come to me, the midwife is very knowledgeable about postnatal children because that is their side so when they come about postnatal aspect and I see that with this child the tommy is protruding and other stuff, I have to call my senior colleagues and they will come and we will actually do the MUAC, that is the Mid Upper Arm Circumference. We do those this to rule out malnutrition. That is also they and at times when the child also comes and he has been having any discharges from the eye or nose, I call on the midwife to come and access the child, physically examine the child before we take the next step so we just collaborate about the treatment, do you think that we have to refer this person? Okay let us give this child this drug for some time. Within three days, woman come next three days for us to see. If the condition is not subsiding we just refer to the hospital. That is what we have been doing.

I: Okay so hypertension to how do you coordinate care for that

R: For the hypertension, we have three CVD nurses here and we have four CHOs under the comHIP project but that doesn't been that with the CHOs they are limited to their work. They also know much about it

tell them the number of times they have to take their drugs, mortu, piani, gborque. When they come, right now when they voice out their complain I'm aware. Ye mimi then I know that is my abdomen so those things are actually helping me and with the care to I think upgrading our self, workshop and other things will also help us

I: Okay we want to also discuss on the clinical guidelines that exist for hypertension. I'm sure Ghana health service has some clinical guidelines so what clinical guidelines do you know that exist in Ghana for hypertension

R: With the hypertension, I've not actually taken a look at step by step but I know that with the guideline when someone comes to the hospital, the person has come. Maybe it could be a routine visit or the person came for something else and out of that the BP is rising. First of all you have to monitor the BP for some time, Ghana health service to see whether there is a persistent raise in BP. When you check it and the BP is still high, I know that there are certain drugs that you have to give but that one it depends on whether you are sure if what you have actually check that is the exact thing because you giving the drug, if the person is not having the hypertension you don't know what is going to happen to the person in future, so first of all you confirm the BP with the reading and after that with the drugs that you have, I know that we use bendro with the clinical guidelines, bendro, so many hypertension drugs are there. Lisinopril, metadopa is also there, we have altenalor and then we have nefidipine, they are all there. When they come, depending on the value, that is the extend or the severity of the hypertension, we have the mild, moderate and then the severe. When someone comes with the mild hypertension I don't think you have to give the person a drug that the person can't even take because the BP is already mild. You don't have to give a severe hypertension treatment to the person. You have to reduce the dosage and even if it only one drug you are given to the person to manage the person you have to [inaudible]

I: Okay so that exist in the Ghana health service

R: Yes, it exists

I: But do you know how these guidelines are developed?

R: Yea I think they run case study, I don't know whether they do a survey to even develop it but I think they come together with the clinicians – the health workers come together and the doctors, the nurses and other clinicians, they sit down and they come out with their view about how to setup this guidelines with the protocols and other stuffs. And they use clients and patients as a key example for them to actually setup. Maybe someone will have an experience whereby by a client will come, when the person came with headache, I gave paracetamol today. The headache was still there, the next week I told the person to come I gave diclo, the thing was still there so why don't I give amitreptinin. I gave amitreptinin and I suspected that was a milgrade instead of a headache so out of that they sat down just to bring out their ideas and then to develop it

I: Okay, what are your views on the guidelines do you think they are useful?

R: They are very useful. The guidelines are very useful because they help us to equip our self because we cannot harbor everything in our mind, when the guidelines is there, the treatment guideline is there, at times when I'm finding it very to even diagnose someone and I'm not sure about what I do, I pick the book, glance through and see whether this treatment that im giving is it the correct dosage? Even the dosage at times the person has to take 500mg and to me 250 is okay but when I flip through the guideline

I will see that its 500 rather which is under dose instead of the normal dose that I have to give to the person so I think it has been helping

I: Okay do you think there are any barriers or facilitators to implementing the guidelines?

R: No

I: There are no barriers to implementing it?

R: I don't think there are any barriers

I: Nothing put you at a disadvantage to implementing it

R: The guideline, let say the protocol

I: Exactly for hypertension. We want to also talk about your relationship with your client. Can you tell me about your interaction with your patients?

R: My interaction has been very cordial because when they come, first of all we know that communication we have to publish nice facial expression with them otherwise these clients, you will actually put them off. If you display things on this it will even worsen the case because we know that stress per say is one key factor for hypertension so when they come we welcome them nicely, we introduce ourselves and then we even encourage them to even take their drugs because is not easy. Putting ourselves in their shoes wouldn't be easy so that is what we have been doing

I: Are there any challenges to effective communication?

R: Language that is the only thing but even with that, some of them they even understand the language and im very fortunate to even come across both of the client I have now. Most of them know how to speak English and then the Twi so it helps me and when I'm finding things very difficult I call my senior colleagues and some of the community health workers just to translate the English to them for me

I: So you can confidently say that for your client they understand everything that you tell them?

R: I wouldn't say 100% but I can rate myself between 80 to 90%, they are because their confidence level from the inception of this program, I think it has actually gone up. The program as actually help them to the extent that when they come with even that messaging aspect and the calling, when they come, write now we understand the things, the reason been that with the information that we've been feeding them, that is the same information when they call them they do receive depending on the language that they want. On the tablet, we select it krobo because they are krobo, because they are familiar with the language that is the message that comes so they are completely okay with everything.

I: What are some of key challenges to adherence to treatment in your own experience?

R: Well I think side effect. Own experience I think side effect will actually prevent them from adhering to treatment and lack of treatment adherence counselling, that side the counselling, that one on one communication between the client and then the healthcare provider. At time when they come and you tell then take the drug morning, afternoon, at times when you go to the hospital a client will tell you they don't tell me how to the drugs because it has been written on it, yes but when you see them and tell them that take, please take these drugs when you take it for five days, do not miss one drug. It will clear everything so communication is also key. The side effect also, when they start experiencing side effect, is

either they will not even come to you at all because they will say that they will not even come and I think that is some of the challenges.

I: What is some of the areas you think could be done more to inform your patients

R: With the comHIP project

I: No

R: General

I: Yes

R: Things to be done

I: To inform them so that you can confidently say that the patients or the clients that come to this facility are well informed, the 10% that is lacking

R: Yea I think we have to expand our channel of communication. That is very key because of the CHPS, our main aim is the primary prevention, education, interacting with them through the home visit, organizing durbars just to tell them the excense of even coming to the hospital even if you are not sick. Even if it ones a year just come and review yourself to see whether there is something there. I think it is very important because when they do come and you see us the health workers, any problem that they have they will fall on us for us to give them what we also have.

I: Okay we want to also take about the health system. Issues with the health system. What areas do you think work well in the health systems with NCDs in mind or hypertension? What areas are working well in the health system as it is now

R: Well I will say how when the client get to the hospital, through the interaction with the doctor – what is working well is that how they do treat, after treatment like after diagnosing them of having the condition, how they channel them to the pharmacy for drug it is working well and then with the use and the help of the health insurance to, it is helping a lot. I think this are the things

I: Okay do you think all patients have access to care in Ghana

R: All patients?

I: Do you think they have the same access to health care in Ghana?

R: No I don't think so

I: Why?

R: Because of lack of equity. I don't think there is a universal coverage, the piece of cake is not share among ourselves equally. Yes, that is the fact because we do priorities others more than so the access they is a limitation. Because maybe I will come to a facility whereby they know me. They know me to be a health worker, they know that first come first serve. The person will come, instead of the health workers to take care of that one, because they know they will say let's do for this, let's do for this so go and come. Though they will take care of the person but I think access wise the person came first and the person should actually gotten the first access instead of the other person. And also, planting of health facility in

that thing but I learnt that beverage is actually causing a whole lot of harm. They've banned them but I don't know but we are in a situation whereby it's all about money because if I will give something to someone without thinking anything then I will rather go in for the alcoholic beverage for them to run the advert and I will take my money because with them instead of us protecting what we have, improving upon the standard of living and also the economic and development they are rather doing that so when the money come they think that they are paying huge tax to them so they don't have anything to say about it so yes

I: Okay what for facilities? Do you think the conditions in the facilities are poor, do you have poor facilities in the health system?

R: I will rate it 70%, I will not say is it poor

I: Access to care?

R: Right now, I think we are doing well. Ghana health service is doing well especially with the CHPS compound. Right now when you move from this place to let say Akraide, you will get about three facilities even if it is not a health center they is a CHPS so I think the access, you can geographically have access because the remote areas they've started building CHPS, we have demarcated CHPS zones and we have nonfunctional CHPS zones. The nurse have been going there to offer the services to them though they don't stay with them in the community but every day they are there with them so I think it's very nice

I: Okay, what could be done to improve prevention and treatment for patients?

R: What could be done to

I: Improve prevention

R: To improve prevention it's all about education you have to improve upon you have to intensify our educational system in the health sector first of all in order for us not to even get into the secondary aspects the education is very key vaccinating people so we have to intensify on these things immunization aspects you have to make sure that vaccine logistics are available because when we vaccinate children it will even prevent them from being infected with communicable diseases vaccine preventable diseases and then giving education and let's say hypertension when the education goes there and these is positive behavior then I don't think something will happen because when their lifestyle is being altered from the negative to the positive I don't think we will even enter into the secondary prevention whereby drugs and another thing has (inaudible) yea

I: So now the next set of questions are going to be based on comHIP, what is your role as a CVD Nurse on the project?

R: I confirm, I do BP confirmation, I diagnose, I treat, I manage my clients and then I do follow up, I counsel my clients

I: Can you also tell me about the training that you had? What did it cover? How long was it? What areas do you think that were beneficial? Do you think was sufficient enough?

R: The training I think it was very sufficient. It was very sufficient in the sense that we were able to cover I think all the topics that were supposed to we had all the resource personnel the Doctors and then all of them came in I think the first time that we went that was in 2015 yes we went to the Afrikiko for the whole

week yes the whole week for our initial training that was our intensive face yes and then we talked about the project itself, the structures in the project, the steps that we have to follow, the ICT aspect we did everything. First of all it has helped me in the sense that using the ICT has actually become something that right now I am very conversant with. I am speaking for myself and then on behalf of my colleagues not those here but we have elite people who at first they were very naïve about these tablet issues but through this thing they are able to even buy their android phones and they are using it. Because of just this few and then we talked about the hypertension itself as a condition, the sign and symptoms, the complications of hypertension the treatment that goes to even when you are not in the health facility and we get to our various homes even our family members they are more than hypertension doctors because they know much about the condition yes so I think it was very vey nice

I: How often do you have this training?

R: We have refresher training I think once in a quarter

I: So what do you do at those training?

R: These training we do talk about our knowledge about what we had experience on the field after our previous training maybe we had an experience about clients not adhering to treatment you would hear someone who would give you how he managed to counsel his/her client to adhere to treatment we will take something out from them and they also give us feedbacks about the work that we have been doing cases that we have been enrolled this client you enrolled the person but you have not being following up on the person these are some of the things

I: Do you feel that you have sufficient training fulfil your duties?

R: Yes

I: As a CVD Nurse? And then can you talk about your experience with the problem?

R: My experience has been very nice comHIP has actually helped me a lot because I knew about hypertension but not that much until the project came in and then I have actually learnt a lot about how to interact with my clients though we learnt about this communication and other stuff but with this project per say too it has given us a wider view about interacting with our clients how we would give them this education about the things that they have to and also clients who come in and then maybe they are very stubborn but the ways to handle them it has actually helped me the experience that I have with this project first of all gain much knowledge about how to treat hypertension, manage clients and then my interaction with them

I: What do you think are the biggest strength of comHIP?

R: Biggest threats?

I: Strength

R: Strength? Communication because of the calling and the messaging that is the biggest strength with the project and it has actually helped a lot because everything lies on communication should the client come to me for management it is based on communication so even when I forget it automatically the system will alert the person that you have to come and check your BP you have to go to the hospital you have to take your drug so communication

I: What else would you found to the greatest challenge in the implementation of the program?

R: The challenge was with some of the personnel we use to work with but I learnt that now they are no more the license chemical sellers that was the challenge that we were having I could remember that when they were with us when a client comes and we diagnose the person of having hypertension you prescribe medicine for the client to take. When they get to the license chemical seller when they don't have that drug, instead of them to tell the person to go to a different pharmacy or come to me if I have to change it or not, they will give then a different medication because of the money that they will also get and then it was creating problems. That was the challenge that I had and then one challenge that I also encounter was at first I was not here I was at oborpa and obarpah the network, communication though they have phone but it is not all the area looking at the jekiti, nyongyasi, seriously that time that was the challenge that I was facing

I: Network quality is poor there. Okay so I done know whether I heard you right but you said these chemical sellers are not more. If you said they are not more how do you mean?

R: As far as the project is concern, I meant

I: Okay so they have been taken off the project?

R: That is what I said because right now we don't refer to them again we refer to community pharmacist not LCS any more

I: Okay alright. How is the program different from what existed for hypertension control in Ghana before?

R: There is a vast different between the comHIP project and then what existed because im drawing a trend, let say I'm comparing both, the old and then comHIP with the old one there wasn't any means of communication let say the phone whereby they will call you to come and take your drug. The old system is very bad, next week come. The adherence wouldn't work well because the person meant even forget but with this one every day they call you the system alert them that you have to take your drug, every dayb take your drug and even when your phone is off, the moment that you switch your phone on it will come. So I think the use of the ICT the tablet it has help us that even reporting. If you use such thing to be reporting I don't think the papers will even be enough in the system because these things it is very easy. Using of data, I enter everything, just send them and then they will receive it instead of walking from here I have to report on hypertension, I have to pick a car, risk factor. These are some of the things so I think this one is far far better

I: So will you say it is better?

R: It is better

I: Okay how have you found the use of tablet whiles conduction the program? Have you had any challenges?

R: No please

I: You've not had any challenges, okay. Do you think the program is successful in increasing awareness of hypertension in Ghana?

R: Yes

I: How?

R: In Ghana, I could remember that last year may we celebrate world hypertension day. The program was heard in the lower manya municipal coordination council and then it came live on the television and then I think as we are celebrating that, people outside even not in the district, they actually got to know that there is a condition there known as hypertension and then we have to take care of them and I know that the program will not be here for here say but it will be extended to different regions and when we get there I think they will even get much information about it

I: Do you also think that it has created awareness for hypertension control?

R: It has, for the district I think 100% it has because everywhere that you go even when you walking around you see a license chemical seller you see that the hypertension the poster is there. Right now most of my client they don't even come here for the BP check per say, the pharmacy they will go there, at times they will go there, at times two weeks when their drugs get finish then they come and I do my checks so right now most of them they do understand the thing but right now what we have to capture is the men.

I: Why?

R: The reason been that doing the survey I learnt women are more than the men and we know that with hypertension what we learnt during the training, the ration men are more than the women but we don't know why this district the women are more. It means that the men are there so we have to trace the women so we are still doing it so one way I could remember that my client when she came I said go and call your husband and when the husband came he was even a mini hypertension client. So we've started forming men clubs giving them education and then screening them of hypertension.

I: Okay so do you think that the program is appropriate in this district

R: Yes please it is

I: Why?

R: had so many experience, I could remember I've had – a client came here she nearly collapse, she was not enroll onto the program at first, she came I started normal OPD, I checked the BP and it was below 90. Even the systolic was I think 80, 54 so I was about to pick my referral form because it was very low, I called the doctor and the doctor say she should come and all of a sudden, the woman fall and we have to hold the woman and we mobilize for a taxi and we send her to so now she is on the program.

I: Okay so have there been instances where participants have been unhappy about their participation on the program?

R: No. always they commend how we actually organize our work. With the communication aspect, they've always been saying it, you've done well, this thing has really helped me because when I forget the machine will call me. It will call me every day to remind me, so it is very nice

I: So, I can confidently say that the texts messaging the voice messaging are very useful?

R: Very useful, very very useful

I: Okay but then haven't you had any patient having any problem any trouble with it?

R: The problem that I have with them is they said with the messaging, it is too much. And we told them that if the messages are too much it does mean that the same messages that have been coming, that mean that they've not been reading it so the client was like that is true because I have been reading some but not all so I told the client that he should take his time and any message that come if a day it comes five times he should compare all the five and see. Two will be there, you will have two which will be the same but the other ones they are different, yes.

I: Okay so in your opinion has this program had an impact on other existing programs?

R: Yes

I: What are some of the programs?

R: I will not mention programs per say but it has actually help the facilities. There are certain materials with the things that they've brought, right now I'm using their BP apparatus for my general OPD case but it is for comHIP, the speedometer is for comHIP but I'm using it. When someone comes right now with a critical case where I have to check for the blood sugar we don't have glucometer. We only have one glucometer but I have one in the box here, quickly I will just use it so it has had impact

I: Okay, what impact has comHIP had on your workload

R: hypertension is concern I'm a health worker and without comHIP people will still come with hypertension cases and this thing has even help me to even do the work faster. There is no paper here I will not write your name, I will just fixed everything, I can even write it on paper when I get home I do everything on the tablet so I don't think it has created any work overload on me. When they come, it is just the normal thing we don't tell them that hypertension people have come so let's see to them. When a patient is here we make sure the patient get out before the next person comes and the clients also understand so when patients comes if it is OPD case because the [inaudible] are two, at times when I'm taking care of the patient, the general OPD when there is a community staff nurse they start by checking the BP of the person so by the time I will finish with this one then we are than with everything. There is nothing like work load

I: But with comHIP you have to follow up call which of course you were not doing before

R: Yes please

I: So that doesn't overwork you?

R: The calling and the other stuff we do call them on [inaudible] we don't call them here, most of them we do create reminders on our phone but calling them I don't think it has because just like we phone that we've been calling our family and then relatives so I think it is the same thing

I: So how has it impacted you?

R: As a CVD nurse? ComHIP as actually help in the sense that it has given me that knowledge about how dreadful hypertension is and any time I get that opportunity to organize or gather a few people I do give them education about hypertension. Right now I know much about hypertension and I don't joke with it especially with the lifestyle and other stuff, it has actually given me a whole lot of things, how to communicate with my client how to counsel them on diet and the treatment so it has actually given me broad knowledge about it so it has impacted a whole lot of things in my life

I: Okay but has it change your lifestyle as an individual?

R: It has, it has actually altered – at times we know that the nurses, they is a saying that they preach but they practice the bad thing that is the fact but looking at the complication of hypertension and other stuff I don't expect myself to be taking too much fat and other things though people will be doing but me per say I have quitted, I have quitted I don't take alcohol and ive never smoke before but making at this fat and other things so at times when I'm cooking and I see that the oil is too much, master I have to pour some away just because of this fear of acquiring this

I: So if comHIP is to be implemented in other district what will you suggest that they do different?

R: What I will suggest is with the community pharmacist, they can even train them as CVD, cardiovascular disease pharmacist so that the access will be very higher in the community. They wouldn't walk from their house to the facility for the project because those people will also acquire knowledge about how to treat how to manage them so that it will expand everything that is what I will suggest

I: So the community pharmacist, they should be allowed to manage?

R: Yes, not because of workload but in a way just to help expand because at times when you go there they will check the BP but maybe they will not because we don't capture all client at the health facility. The pharmacy to there are so many people who have deforted to the pharmacy the reason been that we think that the client who are here not all the community members in this they have been coming here most of them have been going to the pharmacy because they do trust them because of one or two drugs the person have given to them always they've been going there so when they get there they start checking their BP for them that will be okay because the pharmacist I don't think their apparatus and other things they've started using them though they have their own but when the tablet and other thing when they come the they can also help them to manage the case so I think with the hospital to if the nurses too will also be deploy as CVD nurse so that we will reduce the work load on the doctors so that we will have cardiovascular center from mild to moderate hypertension that CVD nurse can manage, there is no need for the person to even go to the doctor

I: Do you know if there is any program been it regional or national to control and treat hypertension? Is there anything existing like that?

R: I don't want to lie, I don't want to say, what I can say is that I think there is a program but I don't know if it exist because we do report on hypertension every month so I think there will be but because it is a normally things because they think they have implemented it so we have to manage it but there is no program that we have malaria control program but we have been celebrating world hypertension day that is also part so I think that program it come but it is not like it exist that a board or may be monitors will come solely on hypertension, no I don't think so

I: Okay so before we rap up are there any thought you want to share, any experience that you've had that probable we have not even discussed or we've not talk about anything you want to say

R: What I will like to say is I am very fortunate I am very fortunate to be selected as a CVD and I'm very glad with the team, the evaluation team for this project because they've actually help me step my toes, they've actually help me to learn more, it is not only about this but even browse on my phone just to acquire some information but at times when they tell us that the evaluation is coming we have to sure

that everything is well before they come so my thought on everything is that hypertension is a silent killer we have to take it very serious like any other condition because it is not like malaria that you will say you have headache, loss of appetite, until you check and know your number you cannot actually know whether you have hypertension or not so they should actually encourage all of us to be checking our BP even at least ones in a month than to see whether there is nothing wrong with it, our pressure. I think

I: Thank you very much for your time it is well appreciated

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_006

Main interviews

I: Good morning once again

R: Good morning

I: So like I said we are here to evaluate the comhip project we want you to share your experiences with us. We want to know how the project is fairing, your relationship with your client, how client are faring, what challenges client have, what challenges you have what can be done to improve on comhip if there are any suggestions that you want to give and then we will of course compare the Ghana health service systems that exist for hypertension control and other care in general as in clinical care in general so basically that is what we will be discussion this evening. The first question I will like to start with has to do with your professional experiences and your task and so please as a clinician what are your roles?

R: My roles?

I: Yes please

R: Plenty o [laughing]

I: Okay I will like to know

R: Normally we are here, we receive them when they are been referred from the CHPS centers and the community nurses so they come with their form so at the OPD we receive them and give them a folder. We have a nurse who is also in charge of those cases so when they come we give them priority in other for them to have interest so that when they come they will not say they are delayed because of the project so they wouldn't like to come. So when they come I welcome them nicely and then I ask about their visit for the day and then they will show up their record card, they are coming for review so I will take the readings as we normal do we check three times and we compare to the previous once. So when its higher then I will ask maybe if they have problems that has made it gone up. If there is nothing if it is maintained or lower then I applaud them. So we discuss and at times they will say maybe I have miss some dose for a day. I travelled, I couldn't take or something that is why it has gone up and then we discuss about the BP and then I give them their treatment and I counsel them further on their diet and then how to comply with their medication and then the side effect of noncompliance and other things. Then I refer them to the pharmacist for their treatment.

I: Okay so that sound like comhip duties but what are your duties as a clinician aside comhip

R: My duties?

I: Yes

R: My duties are to take care of my client. I do runs once awhile with the doctor in charge of the ward and then I run emergencies duty. I will be here and then when the case come at the emergency they will call

me to come and attend. When it is beyond me I will refer to any senior doctor around. If there is no senior doctor around I call on the phone and ask about their interest then if I want to refer I refer it on my own but if there is a senior medical officer around he will come and take up or he will order me to do the referral if I cannot manage so this is what I do

I: Okay so please on a normal day how do you organize these services?

R: Which one?

I: That care what you do, your duties?

R: On comhip

I: No not comhip

R: When I come I greet my patients at the OPD generally and then I come and take my sit. I pray in the house before coming. At times I get here before I pray. Sometimes they sit waited and then you greet them they will not even respond so I will say I'm greeting you and you will not even respond and they will say oo maa before they will respond. I will just come and sit. We don't have permanent consulting room nurses so I will just inform the OPD in charge that I am in and then she will get me a nurse, they will pick folders and then we start the consultation

I: Okay

R: If I have to do rounds in the morning, I start early; I do the rounds before I come to the consulting room.

I: Okay and then please how is hypertension diagnosed what are the key steps?

R: We take the BPs. Those who come for the first time and it's a bit questionable we don't give treatment at the first instances, we don't. Maybe the conditions they are coming with has prompted the BP to go up so when they come for the first time and it is high we give them a BP profile check for them to check for a week and then we ask them when you check for three days and it's still above 140/90 or its above what you are getting on that day they should report after third day of checking if it's still above. Other than that you will check for the whole week and then you bring it for review and then I will go through. I will count the highest one among them and I will say you have the BP but we don't diagnose at the first instance of meeting with the patient, we do the profile before except those who are defaulters already. So when it comes and its high we check and I do ask are you a known BP patient already or something and the person will say yes I had it but it was down and I thought its gone so i stop going for treatment or something so those who will say they don't know then we do the profile. So if you say you know it and you defaulted we ask you the medication you were taking before. If you are able to remember, if you can't we ask you to go and bring a pack of the medication you were taking before and then we continue. We do some lab but for the first timers we do the BP profile before we diagnose the hypertension.

I: Okay can you also please describe the other health professionals you work with?

R: In this hospital

I: Yes please

R: Well we have the laboratory, the pharmacists are also there, the VCT the HIV unit, we have the DOT unit also there, we have the nutritional officers, we have the environmental officers also. We use to have

a social worker but of late I don't see them around so currently this are – the bio-statistician at the records they are also there

I: So what happen to the social workers?

R: I don't know what happened. They were coming from the district and then they stop coming all of a sudden. I don't know what we did

I: Okay what treatment do hypertension patients take

R: When they come when we want to start, we normally start with just one dose. If he is able to manage we don't top it up. Normally when you come and we want to start we give two weeks, you come for review. If it is normal like you repeat another dose for two weeks making one month. When it's okay then we give for one month I it is able to manage but if not we add up bendro or other glosatamol or Lisinopril to it. So we use all the class of the HPT according to the patients' needs.

I: Okay so aside drug treatment any other form of treatment?

R: We give them nutritional counseling. Some of them we take to them, they can't follow so we refer them to go and see the nutritional officer for guidelines or help and at times she will draw the nutritional menu for them okay and then we talk to them about alcohol, exercising, smoking and other sedentary lifestyle, how to loss weight and other things we talk to them about that to.

I: Okay please ones a patient has been diagnose what is the prevention information that is provided to the patient?

R: Preventive?

I: Yes

R: The person has already been diagnosed so what preventive? We only give management that will not make the BP complicated but ones the person has been diagnose there is no preventive measures to take because the person is already diagnoses so you give measures that will help the patient at least maintain the range he or she came with and then not to go into the complicated stage

I: So at least you are preventing complication

R: Yes complication. So we talk to them mainly the diet to reduce salt and then fatty foods, to take in more fruits and vegetables, to do daily exercise. Most at times the exercise when you mention them, then it becomes a problem. They are not doing it. Even we health personnel I find it difficult to do.so exercise anytime you mention the exercise it becomes a problem so I just guide them that when you wake up early at dawn, you just around your house, you can jog, brisk walking, you sweat about twenty thirty minutes, you take your bath. When you do that for a month you will see that there will be a reduction in the weight or at times when you talk about the exercise, they tell you were I work I walk a lot, I go in the morning I walk, I walk back to the house so is also part of exercise but I further explain that this one you are doing it because you are going to work. You have to go but you Have to have a schedule exercise plan for the management of the BP

I: Okay so how is prevention organize at your level? Is your level a secondary level or a primary level or a tertiary level?

R: Here is secondary because already they only come when they are having the systems and some of them to they have different thing, they come before you check the BP, its high so this place is just secondary.

I: Okay so how do you organize prevention at this level?

R: We give talks at the OPD almost every morning or any other day and we use to have a radio program. We give talks and at times at the churches to but unfortunately when we are going out like this you have to go with your own transportation.

I: Okay

R: Yes you arrange for transport from the hospital and it becomes a problem so its like if you want to go, you go. That is the problem

I: There are no vehicles available in the facility?

R: The vehicles are attach to some people. Some people request and they get it but they forget that we are also working for the hospital. So if there is zeal the internal motivation is not there then you also feel reluctant to go meanwhile you wish you could go but always why is it that the work im going to do for the hospital I always have to use my own money. Nobody will refund it for you so ones awhile we relax in that aspect but for the hospital base, almost on the wards we give talk. The church, mostly when the church are having health weeks and other thing, they call us, we go and then we give a talk on the – that is why when some people they are able to identify the symptoms they come for recheck and other things. I could remember we went for one talk at Obenyemi and later on people came. A lot of client came from there because after listening to the symptoms, even after the church they came I have been experiencing these symptoms, then they say come to the hospital and then so that is how we do the preventive aspect

I: So how do you coordinate this with other health promoting agencies?

R: We don't coordinate with anyone. It's just hospital base. We only do that so that we won't get the sudden collapse, the heart attack and other things. We want the public to know the symptoms so that they can identify them and report earlier to prevent the complication of the because when they don't know and they come and it is high, you want to admit them self they don't want to go on admission to

I: Why

R: They fear admission, this place the moment you mention admission I don't know what comes to their mind

I: That it sounds like they are dying [laughing]?

R: But when you do the tour you can see that they come. At times you go for screening, we identify those with the high BPs, they follow up, we give them a form to come and then we do the profile and then – at times we give it to them at the screening center that they should come a week and then we continue from there but we don't do it for any agencies, just for the hospital so that I will not be sleeping and then they will call me someone has come with heart attack, I have to rush so prevention is better than cure. Its good we do that but sometime the workload, you don't even get time to do that but it is good. We don't do it for any agency.

im also a colleague but because the person is coming to the hospital she prefers calling me that im refer this case to the hospital

I: Okay so what is working well for you in terms of care?

R: For who

I: For the patients

R: I can't understand your question

I: For the client, in terms of treatment and care for the client, what are the things that are working well so that you say that client get satisfaction when they visit the facility

R: Oo, on my part I give my best. I really entertain my client a lot. At times when they enter the way I will welcome them alone they even want to share all their secret with me so I don't have a problem with them. I make show I do my best. I will force you to tell me your problem so that I can have a solution for you so with my client relationship, before God I can give myself 98% so with my client I don't have problem and I make sure I counsel them well on their conditions and I know they are always satisfy when they leave my room.

I: Okay

R: Except few, the defaulters. For them when they come I will give it to you small in a nice way [laughing] and they will apologies. O Maa im sorry, I will say don't be sorry for me, be sorry for yourself, I don't want your family to rush you and come and disturb me in the night, so im doing my best. Aside that I don't have any problem

I: But that notwithstanding, are there any challenge to providing services, care for the patients

R: No, apart from the defaulters and then the financial issues. Sometimes some of the drugs are not covered by health insurance. They have to buy it and they don't have money and they will tell you write it for me when I go home I will buy it. They go and they don't buy so they will come back and the symptoms are worsened. That is the only problem. The financial state of the client is poor. Only a few can afford when insurance do not cover so I always tell them if you are in Tema or Accra you will die because here we serve them a lot. We almost provide everything for them except when we don't have it at the facility and then some of them to insurance cover partly so they will also have to top-up. And they only come with their transportation in and out because they have health insurance so that is another issue. So, when it's not they don't get I here, buying it outside town becomes a problem. At times, they will be going and coming to ask if we have we have it so that – someone can go for about a month and come and ask, maa have the facility gotten some of the drug? So I will ask her when you left you didn't get the drug? And you will see when they come the BP has gone or the sugar especially when we have a shortage of insulin injection here. In town, it is very expensive so when we don't have it here then trouble. That month we will have high because the sugar will be going high because they can't afford, most of them. So when they come and it is complicated we have to admit and manage before we discharge. That is some of the challenges we have

I: Okay. We want to take about the clinical guidelines on hypertension. What are some of the – what is the, what clinical guideline exist in Ghana on hypertension?

R: I don't know

I: Okay

R: I don't know what you are talking about

I: [laughing] Before comhip, how were you managing – what was the guidelines in managing hypertension

R: That is what i told you earlier on. When they come and it is high we don't start treatment at the first site. We do the profiles before we are sure its hypertension because for hypertension and diabetes, ones diagnosed forever till thy kingdom come. So before we diagnose we make sure you do this thing before we diagnose you.

I: But do you have an idea how these guidelines are developed?

R: No

I: Okay so in your view the guidelines that you were using where they helpful, where they very useful?

R: Useful somehow because for that one unless the client come before you can trace, do you understand

I: Yes

R: If the client doesn't come to you at the hospital you won't know that this person is HPT so let me manage it. That is the only thing

I: Okay so will you say it was a barrier to implementing the guideline because unless the patient come you don't get to know whether the patient is hypertensive

R: Erm that is why we are supposed to have the community people doing those preventive aspects but they are also not functioning. Some are doing their work very well. That is another challenge. It is about the outreach programs. If you want o organize an outreach program, you suffer. You are willing to go but the support is not coming so you also end up relaxing. So its helping in a way because we are doing our own small small things before but is wasn't 100%.

I: Okay we want to talk about your relationship with patient, im sure ive heard a lot

R: I've said it all

I: Yes but do you have challenges with effective communication?

R: O when I came initially I did not understand the krobo and also when they come, emi emi emi like that. So normally when you are new like that, they give you a nurse who understand the krobo so that they will do the interpretation for you. Though I did not understand the krobo but at times when the nurse is explaining to the patient I feel she is not saying the way I want it. I can feel it those days but now I understand small small so I don't have except when the Hausa people or the ewe people come then I will look for someone who will understand. At times when they are coming they come with somebody to interpret it for them but when they are not they then we look for one of the staff who will understand the language to do the interpretation so currently the language is not really a barrier

I: What do you think are some of the key challenges to adherence to treatment in your own experience?

R: The only problem is some of the client, when you give them the drugs and they have a problem, instead of coming to report immediately they won't come. They will wait till their next visit. Maybe like you gave the treatment for one month, instead of reporting maybe after taking the treatment for two three days, maybe the person saw some systems which wasn't good with her. Instead of reporting immediately they will wait. He or she will just stop taken the medication and will wait till the next visit date that you gave before will come and complain that the drugs when I took it this is what happen so I stop taken it. And you will see that there has been an increase in the BP or the sugar level or whatever symptoms the person came for the first time. Aside that not bad

I: So, it is just the side effect that

R: Mostly it is the side effect and some of them to you know we have different drug, it is the same medication but from different company but the moment they see a different pack they assume you've given a different medication to him or her. But some people immediately they are given at the pharmacy they will come and show it to you, maa they have change my drug, today you've not written my drug, then I say let me see then I will inspect and I will tell you it is the same drug but from f=different company. Every company has its own label but it's doing the same work so don't worry, go and take it. For that the person will go and take without any problem. But those who do not come to show it to you for you to clarify, they will take it, I don't know whether it is psychology or what, they will experience something and they will come [laughing] they will see it as a different drug altogether. So these are some of the challenges so at times when I prescribe I tell them when I realize this was what they were doing I will tell them that we don't have the same drug or the type. It is doing the same thing but it is from different company so when you see a different pack aside what you were given previously, don't panic, just take it. But really some also react to different brands to, its true. Some people do report, they will bring the pack. They will say this one when I took it I was okay but this one it wasn't good so I want this particular one. Some when you counsel them that it is almost the same they will understand but some people they will insist they want this particular one so when you give a different one they wouldn't want to take it. So that is a few problems we have with the compliance but when you counsel them they take it correctly. But some they will say I travel so I couldn't take it in the morning so I took it in the evening and other things but they take it. The serious ones really comply to the medication except few who will come and give excuses. Anytime they come and the BP is high they will come and give so many excuses but they comply. Only few

I: So what areas do you think can be improve to inform the patients more

R: On the

I: On their health

R: The community education will be the best because it is not everybody who will come to the hospital. You know Africans when we are not sick we don't go to the hospital. Unless we are sick or we have a problem with our health before we go to the hospital so the community base one will be very good. Church education, market places, mosque and other things, radio stations that will be the best. So, the little symptoms the person sees he or she will just rush to the hospital to check to be sure that is it or not. So I think that one will be the best if the resources are there, that one should be the best. If you go house to house and you get people to go, not the same people working in the hospital will do that, that one won't be the best [both laughing]. People should be allocated for that. It will be good

I: Now we want to talk about health systems issues. What areas do you think are working well in the health systems regarding hypertension and NCDs?

R: Areas like? Explain your question further

I: Areas in the health systems. The Ghana health service has a system of treatment, control, and prevention. Which of these areas do you think are working well?

R: Areas, me I'm at the hospital so I deal with things in the hospital so if you ask me things outside I won't know

I: I'm asking you things in the hospital because there is treatment in the hospital, of course there is education so there is prevention in the hospital so I'm still asking you facility based issues, the system you have in place what are the things that are all working?

R: They are all working. All the systems are all working

I: Everything is working perfectly [both laughing]

R: Except the OPD talks it's supposed to be every morning but we don't have it that way. At times we do it every other day or alternate days but in the normal circumstances it's supposed to be every morning and the ward to the same but it's not frequent. For the management, the moment we diagnose we don't joke with the management. We start with the management as quickly as possible but the preventive aspect, it's left with small, At times the nurse in charge of the tour will not be in. maybe she will be for afternoon duty that day so it means that morning nobody will want to do so this are some of the issues.

I: So, will you say that could be human resource problem, lack of human resource

R: Lack of human resource at least if maybe some people are dedicated to do that every morning that one will be better but you know human being, everything they do they want motivation. You will be giving the talk saa and no senior manager will say you've done well. Even if you won't give him anything just say thank you, I always hear you given talk but nobody will applaud you. You know some people when you are doing the thing and no senior person is appreciating you then it's like you are not doing anything then they relax. So when we have a lot of staff we can do well with that one

I: In your view do you think patients have the same access to care in Ghana

R: No, it cannot be same, it is not the same. Some people are closer to the hospital, others are also far so it is not the same.

I: Okay so it has to do with proximity

R: Proximity can also be another factor and then the character of the staff at the facility is also another factor. Maybe their delay at the hospital to. It all depends on the human resource to. Maybe we are supposed to be two Pas early morning to start the work but maybe one person will only be there so those who come early by all means they will queue a little bit before they will be seen so all bore down to the shortage of staff and the human resources and some of the prescribers a lot are mothers. We have to take care of our kids, they will go to school before we also come to work so you won't expect me to come and sit here by seven to start consultation. I can't come because my kids their bus come around seven, seven-thirty. I have to make sure that they are gone before I will come. Normally I start around eight but on the

clinic days some people come early so it will be nice if we have other ones they can come as early as seven to start. That one will also help, when you go to the hospital and you are kept in the queue for a longer time it is very boring.

I: It worsens your condition?

R: It's boring but that is the situation so we are managing till we get a lot of staff so this are some of the factors. And some people to prejudice to, they hear something about Atua hospital meanwhile the person him or herself has never been here but because of what somebody said, I will never come here meanwhile it is old days issues o. The person won't even come to see if what they say it's really true but he will also just conclude so if he is sick he will not come but here is even closer to him but he wouldn't want to come.

I: Okay what areas in the health system do you think that should be improve to make your work more easier, more enjoyable.

R: More staff will do and then a little bit of motivation. We are grateful God has given us a lot of internal motivation so we do the work happily but at least a little external motivation will also do. At least you know some people when they don't want to appreciate you they won't even applaud you. So, when the internal motivation is not there then it makes the work some style. The person will tell you that at the end of the month you will go and take your salary but I work more than my salary. Eight hours I have to close but it takes more than that. I'm on duty up to now and I will close at ten. Tomorrow I will be on duty throughout the whole day. I will come morning, close go and take my lunch, come back till 10pm. Sunday, weekend duty still, and you give me little motivation. So that is it let them increase the staff and a little bit of motivation. Look at the room im supposed to have a screen here but no screen more than four years now, no screen so if I want to examine I will just lock the doors and I will examine. I have a problem with my chair. I have reported severally but – you've realize I have use pillow to choke myself. Before I close then my waist so when you need the things to work with and they are not there they make it make the work difficult. I need a screen it is not my property it is for the hospital so why won't you provide it and also, I have to walk every day.

I: Is it lack of funds?

R: I don't even know [both laughing]. They say insurance are not paying, every day they say insurance are not paying.

I: So there is no money, insurance has taken your money

R: A whole year they've not paid. They've paid up to last year so you can imagine, where will they get the money to do that.

I: So you have poor facilities around

R: Poor facilities, a lot of things need to be change. The ridge is not working. I have to chill my water in the house before coming so what if I don't drink it at that moment then it will become hot again so its finance. We need more staff and then some little external motivation and then the resources to work with, the equipment and other materials to work with. I think the work will go on. You come to work the BP apparatus to be checking client to is not there, how to you check. The person is a known BP patient, you want to check the BP to see how today that patient is faring, no apparatus to check so it makes the work difficult. We have to be going around looking for it. We have it but I'm just sighting example. If I want to

examine the patient I have to lock the door, I have to get up and lock the door and even locking the door you still have to get the screen, at least you don't have to just expose the patient to the whole room like that but it's not there but it doesn't mean I shouldn't examine my patient, I have to

I: So what could be done to improve prevention and treatment for patients

R: As for the treatment, we have to increase the talk on the adherence, the compliance with the medications. Some people when they come, they come and you tell them mame you've gotten BP, the last time you came and we check and it was high and then from the profile we did too it's still high so you have developed hypertension. She says no no it is not possible. They will argue so you can see from the moment that person will not comply so the counsel has to be intensify. You have to convince him, it's nothing, it's a sickness you will just take your drugs, you will do this, you will do that, you will be okay it's just like treating malaria. That person you have to talk a lot before he will become satisfy. And then the preventive aspect we are still doing our best with the educational. We are still going to the radio station though it's not frequent as we have wanted but we are still doing so we need to improve on it. And then the community one to the market places, the churches and the Friday mosque we do but as I said, due to lack of resources and support it will collapse. We will go for meeting, we will raise it, we will start again and that month we will go well and it will relax again. So if those things are done permanently it will help a lot

I: Okay so we move on to the next set of questions

R: We aren't done yet?

I: But this one is comhip set of questions? Now we are almost there but we are now going to comhip proper

R: Okay,

I: Okay so I'm sure you have already spoking about your role on comhip

R: Yes

I: Okay so we will just move on to the training that you've had. Can you please give me a brief on the training that you had, the length of the training what it covered and whether it was sufficient for discharging your duties.

R: It was sufficient just that it gives extra work but for the training it was okay. They give us how they came about with that idea, why they want to do that. Like as I said earlier it is not everybody who will just walk to the hospital that im coming to check my BP but through the community base program, they go house to house. So if you are there then I come and check and when it is high I said come to the hospital when you come? Yea so they gave us the history why they want us to implement such program and then they gave a lecture on hypertension itself and then how to operate their executive ipad, how to operate it. We've been out of data for almost two weeks now so we can't operate.

I: I have been told by a lot of people

R: So they told us how to enroll client on it, how to enter their data and other things. Normally they enroll them by the CVD nurses so we also continue from there, ones that we take. It wasn't that bad just that its an extra work because at times the place will be busy so me most of the time I don't do it direct. I write

down the particulars, everything, after work I go home in the evening, after my super then I will sit by it. If three clients then I will do the entries. At times, I forgot and I will do it the following morning but they said they said we should make sure they get the report within 24 hours so it's an extra work. Aside that but it is interesting. Me I enjoy doing it but not when I'm busy handling

I: So that it makes you feel been overworked?

R: Its overwork because after work I have to relax but after eating my super, now that I have to sit by it because I don't want to delay another patient in the queue. Sometime when the place is less busy then I do it directly but most of them 80% I do then after close of work to avoid delay of other client because they keep long. You take the BP three times, you ask about additional complain aside their review and then you give education on their diet, exercise, they will tell you their problem and you counsel them on it before you go to the and the BP checking, you check three minute before, why? Just that you will use nine minutes to check BP when other people are queued there. So we do that but for the entry I will do that later. I enjoy doing it when I close and

I: Okay so how often do you have this training?

R: Just ones. It was a three-day program around 9th somewhere, it is June? Last year June. They started six month later, they started with the doctors and unfortunately it is the PA who is always available. The client will always come and meet me here and I will say this one I don't know how they do it oo, the doctor to isn't there so at times they will go and come about three, four times and its worry. So, I don't know who reported it to them before later they organize one for the Pas somewhere last year join and then we are doing the most of the work. For the doctors, they are not easily seen around. So, we do the entries most of the time

I: So after doing it you haven't had any training or

R: After doing we went in December. They said third and quarter meeting so we went and they gave a review of the work six month so far. They gave the report. Client base report, clinician base, community base one, what has happened according to percentage, the patients view about the clinician, how we receive them. They did a whole lot of data work showing on the projector and then we did our corrections and we promise to backup. And then we had a problem with the coding. Sometimes when they come with their forms you can't see their code well. You will enter and they will say it is wrong so one patient you will sit on it for long just to get the correct - they give a list of IDs to look out for it. We reported it but still we were still having that issues. I was having two that I couldn't trace. I told the client to go back and bring the main code but up to now I've not seen them. So, they did one after the training. They said they were supposed to do it every quarterly but we the same prescribers who will be attending to the patients, we are the same people they will call for that meeting so they decided that they will do it two quarterly so they said they will do it twice, first second quarter they will fall then third fourth. That is what they said the last time we met. So, after the training we had one meeting. The attendant that it wasn't that good but we had it so far as about two or four people where there, they did a presentation and then we had our allowances and then we took our lunch and then we came home.

I: Okay so it's the training sufficient to fulfil or discharge your duties.

R: O yes for that one its sufficient. They did their best and we understood it so as for the training it was enough.

I: Since you joined in June, can you share your experience?

R: As I said I enjoy doing it except that I can't do my entry during my busy working days. I do that after the and at times to the client will default so when they come you have to count it again. When we plot we show it to them that this is the BP for the previous month and then this month either it has come down or up then we talk about it. For me I enjoy doing it. I don't have much issue apart from the code that are not clear written on their sheet, the register when they are coming. Some of the ID codes it's not well printed out. We have a problem when we are entering it into the computer. Aside that I don't have a problem

I: What will you say has been the biggest strength for the project?

R: Strength in term of the client base or the clinician

I: That will depend on you what you think it's significant

R: Your line of the question

I: Okay what do you think makes comhip unique

R: Oo its unique because through that a lot of cases have been retrieved. You know some a lot of BP patients don't exhibit the signs until when it becomes critical. One day they will just be walking and they will fall but with the help of the comhip a lot of cases have been retrieved. Maybe some defaulters were even retrieved so I think with this it will lessen the complication of BPs and then the mortality rate will also come down so it's a good idea, it's a good thing they did. For that one.

I: Which aspect of the program is really working well in retrieving all of these?

R: Oo its working well

I: Which?

R: But you can't retrieve all

I: Yes

R: Yes, you can't retrieve all

I: Yes, I agree

R: But is at least 80% better than before but the person will be in the house because the person is not exhibiting any signs of hypertension, he or she wouldn't know she is having it but with the help of the comhip you will go and you will check and you will see that the BP are high which they are not aware. You will refer and then the early bird catch, there is a prover but I've forgotten how to quote it. When you catch it earlier you are able to manage it on time to avoid mortality or complications so its better, more than better [both laughing], good better s it's a good.

I: Have there been any challenge with implementing it?

R: No

I: Not at all?

R: I don't think there is any challenge because when they come we receive them nicely, we put them on their medication except at times on clinic days, few are being delayed so on their next visit they don't want to come. They will say when they come they will queue a lot and you know some people when they report they will show their ID card, their register we give them some registration form. Some people immediately they get to the history table they show it to the nurse so the nurse will know that this is a comhip problem so they will forward their folder faster but some to they forget to show it so for that they will just add it to the main line and you will be delayed in the queue but those who show it on time we try to give them priority so that so that they won't feel bored with the program. So, this are just a few challenges that they face so some of them when you want to give them for one month they will say today I really kept long so give me two month, that to tell you because she kept long she will only come after two month so this are just a few challenges. And then they have a lot of travelling for funerals, my daughter has delivered I'm going to attend, so their time will be up but they won't come for review and the machine will be giving them signal, pi pi pi on their phone and they get bored [both laughing]. One man came, at that time I wasn't a member he was here for three good time and any time he comes im the one that he come too meet and I said day im not part of the program. He said why, I have been coming here or so many time and my phone will b giving me signal disturbing me and ive been coming to. I said don't worry, next time when you come you will meet your doctor, don't worry and he said okay. So h ask me when should I come and I said I don't know when he will meet the doctor but you go maybe two days' time or so. So you see this patient wouldn't want to come but if I had not given some a little bit motivation. So this are just a few challenges when they are delayed they hate it

I: Okay, so how is the program different from what existed in Ghana?

R: Its far different because for the Ghana one, the preventive aspect wasn't that much. It wasn't that encouraging. As I said it needs some resources to do that but this one because it is a private firm they are able to provide the needed resources so the people in charge are also doing their work very well unlike the previous one. The staff themselves are not there to do it and the few that will struggle to o it they are not also motivated so it doesn't floor frequently as its supposed to be done but with this one its regular. All the time they will go around, those who are supposed to go to the nearby clinic they will go and its like its moving on smoothly so this one is far better. I wish they could employ this method into the Ghana health system

I: Okay, how have you found the use of tablet whiles conducting the program have you had any challenges?

R: Except that initially I don't know what happened, I over use my credit and I didn't know the number of data that was put on it, I thought maybe they put on huge some of data on it so my kids were playing with it when I was not around so I run out of credit and I didn't know so I was entering about seven cases, they told me they were not successfully enroll. So, I said – before I called Rhen a one of the – he said i should check my data and I said heck my data for what? I check and I saw that it was zero. I said – I didn't know I thought it plenty it on it so you can use so I said I wanted to recharge it, she said I can't do that so it's an input something so unless the month end before they can recharge it themselves. I was so bored at that time, it pain me because I didn't know that it was going to disgrace me like that. And at times the network when you want to enter you will see the signal is not there so you have to wait for a few minutes or maybe the following day so something and then the recent one that the whole data went off. I have a lot to enter but – I have about four or five cases to enroll but I can't do that

I: Because the data is off?

R: Yes

I: But im sure you have complained?

R: Yes, I complained to them. They said they are solving it. Its almost two weeks now I don't know what they are doing so that is the only issue I have with my tablet and then the charger to has been giving me problem.

I: Since you were given or?

R: Yes since I was given. I have to buy another one to support. I don't know whether the old one was faulty but it wasn't a big issue but I was having a Samsung charger so I just use it .

I: Okay do you think the program was successful in creating awareness of hypertension in Ghana?

R: It will be successful or its successful?

I: Do you think it is?

R: It is

I: Creating awareness in Ghana?

R: Yes, but is it in the whole Ghana? It's not whole Ghana, it's just some part of Ghana so I wish it could be extended to the whole Ghana, it will be big because it's really a good thing so I wish it will be extended to all part of Ghana because the whole area they choose lower manya so what about Yilo. We have a lot of BP patients there, diabetes and other things so they should cover every part

I: What about awareness and controlling hypertension?

R: Yes

I: The program has created that?

R: Yes it has because some of the client they also enjoy been part of the program so it makes them happy and then when you come and chat with them you can see that they are okay. Some will say I didn't know I have it if not because of this thing like BP will have kill me or something so I think it has created awareness in the whole district.

I: Okay, is it appropriate in the district?

R: in the district, is it appropriate?

I: Yes

R: Yes, it is

I: Why is it because the district had more hypertension patient?

R: No the people there know they have and likely enough a lot of cases have been retrieve so it's good. I have forgotten the data they've gave but you can see the difference. Very huge number was enrolled so it has

I: Okay, have you had a case or a participant unhappy of his or her participation on the program

R: Aside the man I was talking of that he came about three time and he couldn't meet the doctor to do the recordings and the entering and he was annoyed but after talking to him he was okay and then came back because he came to me and I treated him, gave the treatment alright but I could not enter so he was still having the signal on his phone disturbing him meanwhile he came about three times to the hospital already but still he wasn't attended to. Apart from him I have not gotten any complain again. And then one lady who was delayed, she was taken to a different room, treated before later the clinician in that room wasn't a member so they have to bring her back to me here and I was already having a lot of folders and when they brought it they didn't explain to me that she was a member of comhip. I will have given priority at that time so I also just added to the queue so like she was delayed again meanwhile she was seen earlier in a different room but I have to apologies and then reassure her that it won't happen again and that it was a mistake they didn't explain to me so I told them for them we don't keep them in the queue for long so it was just a mistake I didn't know she was part so I gave a note to give to the pharmacy that she is a member so she will not been delay again at the pharmacy to put here off so this are mainly the two issues that I have. When I became I member its only one, in general its two.

I: In your opinion, the text messages and the voice messages can you give examples where they've been useful to patient and where they've been a border to patient?

R: It has help them because it gives them notification that they are due for review and then they come. Other than that, they will have forgotten that they are due for review but the moment they receive the signal they know my time is up I have to go and immediately they follow up so it's also good. It reminds them that they are due for review so that they will not relax in their treatment.

I: But don't some of them have troubles with it?

R: Maybe I don't know, maybe it's from the tone of their phone [laughing]. If your phone tone is too high it will disturb you [both laughing]

I: But do they come complaining?

R: No no apart from that man who complain but I understood him because he came to the hospital three times but I don't think that it worries them that much. They've not complain to me I don't if other prescribers have received any complain but all they will say is my phone has given me a message. There was one woman she went to the clinic two weeks ago before she came. So she ask me to give the medication for six weeks other than that the phone will give her a signal that she has to come. Say said I don't want your computer to call me [both laughing] so she was the only one who also complained.

I: Aside that its cool

R: It is helping them. I don't think it is disturbing them. They are even lucky their phone is giving them message that their time is up to go for checkup so they should rather thank God.

I: Okay we will be finishing very soon. In your opinion has the program had an impact on other existing programs?

R: The programs how many do we even have? We don't have much apart from CAP but this one gives more awareness than the other one because the other one to unless that client come before we enroll

them on it but for this one we go to look for the client ourselves and we enroll them so his one is much better than the other ones that we had. We that one they only do screening program like community durbar and we do screening for that day so those that we capture we refer them to the hospital and then we start. Aside that when they come, they are on their own or the old BP people – patients that we have already in the system then we enroll them on it but this one its fresh case. You will go and fish for your own thing to enroll so this one seem better than the other one

I: And im sure we have answered this question about the work load whether you feel overwork by the program

R: A little

I: But has it impacted you as a person?

R: This what impact will I get from it, it has not really given me any impact. This when you take your Tab what impact will I get. But I can say I'm expose to more client, maybe client interaction and others. I enjoy doing that so maybe that aspect but what passions will you get [both laughing].

I: Maybe its broaden your knowledge beyond what you knew?

R: For that one a little because ones awhile I go through their lecture note and then read and then revise some issues from it because it was something I was doing already but just that a little addition has been added to it but not that much [both laughing].

I: So if comhip is to be implemented in another district what will you suggest they do differently.

R: With the suggestion, they did their best already. They did their best, what again will they do? With this one unless I go and think about it [both laughing]. They've done well. Even if they are not able to add up any, thy can still use what we are doing to the different district. It will still be successful

I: Okay

R: I don't know about their CVD nurse strength. If they are not many then they should just top-up but other than that what they are doing is okay. They can use the same strategy even if they don't get anything new to add up, they will still achieve their aim.

I: Do you have an idea or do you know whether there is an existing regional or national program to treat or control hypertension?

R: National program?

I: Yes

R: I don't know

I: Okay so we have finally come to the end of the interview, any other thought, any other additions, anything you will want to say?

R: The only thing I want to say is that it's been a good program and I've enjoyed been part of it but the allowances should come on time [both laughing] because it came a little bit extra time.

I: Okay

R: So, the allowance should come frequently. I could remember when we started one of the doctor, the day we went after the training, I came I wasn't using my laptop. That time it was with Doctor Quakyi before later Doctor Quakyi left before it was given to me so when I refer the case to her she will say im tired so the people they don't give us anything [laughing], this difficult work, until I had my Ipad and I also started but for her she was always complaining that if you don't give us anything I will stop and I will tell her it will come meanwhile I haven't started mine [both laughing]. So, you should make the motivation come early because first quarter has passed, the motivation hasn't come, we entered the second quarter and then they should be visiting frequently to see. They came ones or two but they should come more frequently to see what we are doing

I: Okay

R: A lot of people are out of the training, Doctor Quakyi is not there, Doctor Ametape, Doctor Sياهو to has left so I'm the only person. Priscilla to is gone to deliver on maternity leave because the other is also on leave so I'm the only person around operating so you can imagine the workload. So they should make the motivation come early. We use happiness to work but when the external one comes then everything goes well [both laughing]

I: Okay thank you very very much for your time

R: You are welcome

I: In fact, I have to pull you and pull you but you still did. Thank you very much

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_007

Main interviews

I: So good evening once again

R: Good evening

I: Like we have talked about, is an evaluation of the comHIP project and we want to know your experiences on the project, we want to find out the lapses in implementing the project, the successes you achieve, your relationship with the parents, the health system that existed before comHIP, the health system as it is now, what is working for you, what is not working well for you, what can we do. That is basically in summary what we are going to be discussing this evening and so please can you tell me about your role as a clinician

R: My role?

I: Yes

R: In summary am a physician assistant and basically am at the consulting room but once a while you can go to the casualties of the emergency room, at the consulting room just like any other physician we take history we evaluate, we examine and then and we come to a conclusion and then you plan treatment with the client and then the laboratory investigations, I think basically that is what I do

I: Okay so please how do you organize your services?

R: as in the institution or as an individual

I: in the facility, as an individual?

R: or as in services

I: yeah

R: if am not mistaking or if I should answer that question you run a duty as in shift but in all you come you report to work, you are at the consulting room and then you are giving client to see [laughs]

I: Okay

R: you are giving client to see, to attend to and then you are called at any time like I initially said if there is an emergency at the casualty ward, I don't know if this thing is

I: so on a normal day if you are to organize service at the facility how do you go about it?

R: I should organize myself

I: to attend to patients who come to you?

R: I don't am not getting you

I: or more or less to be able to discharge your duties how do you organize yourself to do that?

R: organize myself, I think it starts, you start as in prepare yourself from home, making sure you are of sound mind, you are okay physically and everything working on for you and then being at the consulting room. Before then like I said you are ready emotionally, physically to attend to patients need so at the work place you make sure the things you need, your stetoscope, things you need to work with are already and then the work starts.

I: okay, can we also describe the other health professional

R: as a physician assistant I deal with nurses, laboratory personnel, my boss in quoted the medical director, medical officer and then other paramedics other paramedics, I think these are the few people I deal directly with aside the driver who comes to us for care

I: please how was hypertension diagnosed, what are the key steps?

R: hypertension [laughs] in theory the book says when you have BP checked, the person comes to you the BP is checked then if is above the normal range you n and what we within the day, within the day if is checked three time with a specific time checked and persistently have you can't consider the person as hypertensive depending on isis the class, is classified according to the BP range that you get, initially we were also doing a BP profile at times the person comes the initial visit the BP is either high or very high and depending on what ever that you get, you may ask the person to go and do..... As in every day twice daily or everyday BP checked and for may be a couple of days after that the person returns back or if the person has an existing condition too you can take that into consideration for example diabetes or any of medical condition in the kidney or the liver so isIs suggested, it depend

I: okay, so what are the classifications?

R: We have hypertension we have moderate and then the severe aahaaa and I know the normal BP as the literature says the systolic been above 139

I: okay

R: and the diastolic above 90, that's when you have no resisting condition, if you are diabetic the diastolic is supposed to be if am not mistaken 85 and the systolic 135 or so.

I: okay, how is treatment or what treatment do hypertension patients take?

R: it depends, I will say it depends on after checking the BP, the value that you get or the average BP checked aahaa, if the patient falls between the mild or moderate the books or the literature says you should modify the life style

I: okay

R: which increases the diet and a whole lot but it got to a time I was wondering if our part of the environment, diet modification or life style will have impact on the BP reduction, if, aside this we have may be investigation, investigating as to what might have contributed to the rise of the BP, might be other conditions then, is like the patient is sorted out that way, aside that we have the drug therapy

I:

R: which how do I put it which we start and then after starting you will start monitor the patient on the drug or is either you step up or like, I don't know how to put it a

I: so stepping up means you would

R: stepping up, for instance your patient is given the drug

I:

R: for a period, BP time, the patient comes back the BP persistently high, you may have to either add up or increase the dosage, that's what I know

I: Okay so by way of managing not if am right, I may be medically right, pharmacologically and managing it nutritionally, what are the things that you advice your clients to do?

R: you mean aside the diet and drug therapy?

I: Okay so I was trying to ask a question based on the diet, what kind of diet do you advice your clients or patients to take

R: Okay, there is no existing co-existing condition as in diabetes or any other end organ damage, what we usually advice is diet is not too much salt

I: Okay

R: diet with low cholesterol, you understand and I think these are the two main areas that we advise our clients unless there is another condition, which may not permit the client or the patient to be taking other food

I: Okay

R: but hypertension alone I think reduction in salt intake as in diet is the main focus in that diet

I: Okay so if a patient doesn't have other conditions like the diabetes and the patient is only hypertensive, would you just stick to the diet to manage the condition or that patient will still be put on medication

R: like I said you know there is much difference when it comes to management, the book or the literature will say this but practically we will be having challenges

I: Okay

R: the book will be telling you diet modification, exercise, rest, water, taking enough rest and then a whole lot, you understand

I:

R: but down here as in I don't know Ghana or the area I find myself in lower Manya Krobo, I can't speak for other areas but you know we do a whole lot of things to survive at times working more than 10 hours, you can't even ask the clients just to rest because that is what he or she does for a living

I:

R: so coming back to the diet no, the rest the rest noon, it becomes very difficult and then exercise, more of these clients who comes to us are above 40, you understand?

I:

R: they are above 40 and already most of them are obese, how can you ask this woman to exercise and to prescribe exercise for such a person will be difficult, access to may be the gym, gyming form of exercise ah is easier than said than done so that's some of the challenges

I: Okay

R: very good very good

I: once the patient has been diagnosed, what is the prevention information that patient is given

R: preventive information? As in hypertension?

I: yes

R: mm one if there is a definite diagnosis or the person having hypertension mm, now is establish that there is hypertension or confirmed a client with hypertension, now what we usually talk about as in prevention is to, prevent any organ damage, you understand, the kidney, the brain and the heart itself, so our education as in prevention is based on these three vital end organs; the kidney, the brain and then the heart itself

I: thank you

R; as to prevent stroke or heart attack or any chronic disease as a result of hypertension

I: so that is what the patient is usually...

R: educated on

I: Okay so how is prevention always organized at your level, am sure your own is a secondary level or

R: yeah secondary

I: Okay so how is prevention organized at that level

R: aside the therapy, as in like the education and the drug we do run test for them before we check the state of the kidney and the cholesterol level, you understand that, when you know the complications as a results of the hypertension then you try to investigate just around it, you understand that, and you treat other existing conditions that might have contributed to the hypertension..... I don't know if you get what am saying?

I: I get it

R: Okay for instance as a preventive measure we do check the kidney and do kidney function test, we do the liquid test, cholesterol test and take x-rays to see the size of the heart may the greater vessels and then I think these are few investigations that we do

I: Okay, so prevention for other conditions

R: as in?

I: not necessarily hypertension, am sure that other conditions that clients come with to the facility

R: yeah we have other condition for instance we have diabetes

I:

R: if you haveto have hypertension, so when the patient comes we do screen for diabetes as initially said we do also screen for high cholesterol, then, I think basically these are the few screenings that we do when they come, we also look at the body mass index, the patient is obese, the risk factors, being alcohol, smoking a whole lot, we do screen that [inaudible]

I: so how do you coordinate all these with other organization, health promotion agencies?

R: health promotion agencies if I should ask, as in the health promotion agencies as in is it organizations or?

I: yes

R: here in the lower Mahyah Krobo, people there for this I think aside the hospital

I: yeah

R: and within the hospital we run clinics for them, for instance we have the hypertension and diabetes clinic, where at the hypertension clinic for have a nutritionist we give them the talk, other than that I don't see any other, I don't know if there is any other stakeholder aside what we do at the hospital when they come for hypertension until this comHIP people that came noo aaaaa

I: Okay alright so we move on, could you please explain to me the steps that the patient follows when they come to you and you suspect hypertension or another CVD, what steps do you follow?

R: Okay at the hospital at the hospital just like any other situation, they go through the normal processes, they go to the records, on the records their BP is checked nmm recorded and ask to see the condition,

I: Okay

R: at the consulting room, by courtesy comHIP, we are supposed to check the BP three times at least two minutes interval and then we take the average, we also help by history taking if there is a family history of hypertension or may be just as I said family history of hypertension, aside that if the patient have been told or diagnosed before as hypertensive it also helps us and then other co-existing conditions, so when they come

I:

R: initial BP is very high, you don't just treat, if the person falls as severe hypertension the person is either detain or admitted and then be kept on observation and whiles on observation you do check her Bp 4 hourly or 6hourly and then within 48hour we will know if the person is really hypertensive

I: Okay

R: if is that high we do the Bp profile like I said, the person check the Bp for couple of days then we strike the average aahaaa, I think basically that is what we do

I: Okay so after the CVD nurse has checked and referred when they come you also check again

R: we do

I: Okay before you even start treatment

R: when they come we use the referring people as the baseline

I: Okay

R: and then we check the BP again

I: Okay

R: aahaa we check the BP again, from then depending on whatever you get we have to admit

I: Okay so when you suspect a patient of two or more conditions how do you manage that

R: two or more co-existing conditions so for example hypertension and

I: diabetes

R: how we managed them

I: Yes, how do you, what steps, is it the same steps you follow as just as hypertension or

R: It depends on the very condition but since we are taking about hypertension here I think any other co condition aside the hypertension will be diabetes with is most common with them. When they come and then we screen them, like I said we screen them for diabetes. For instance, we, if the person happens to be – to have the sugar above the normal range been fasting or regular, depending on the value we act on it

R: Okay its very high, the patient is admitted and then observed and maybe we do some couples of investigations around whatever the patient. it could be malaria with hypertension, it could be a

musculoskeletal condition, it could be menopausal syndrome, it could be any other condition and base on that I think we have the protocol as an institution as to go about this.

I: Erm this care that we are talking about now how do you coordinate that with the rest of the team you work with and with other services?

R: Erm we go with the nurses, the medical officers, the laboratory personnel then the other biomedics, the pharmacy staff. Depending on the condition the patient comes with, its either he is going home with or without medication, his been detain or admitted but as protocol at St. Martins hospital, when you are detained the nurses they necessarily check the vitals and then after some time go back to go and meet the client. But if admitted, after close of the day you go and review your client. The next day you go back and I think basically that's what we do. There is no specific – how do I put it, let me remove it here

I: [laughing] okay but how do you do this with the primary health care level?

R: With the as in the CVDs?

I: Yes the CHPS compound how do you coordinate care with them to?

R: Erm if not the comHIP program, one when they come, I client is either refer to you because the BP is above a level, I mean a level which they cannot manage, the client is refer to you or the client come as a normal client that we've been seeing. If , how do I put this, most at times when it is a referral from a CVD its either you maintain the client at the hospital level or you refer back to them depending on the level or the recording of the BP.

I: Okay so what are the things that you think work well for you?

R: Work well for me as in hypertension?

I: As in treating or giving care to your patients?

R: I don't get your question but if I should answer that, we've been provided with the BP apparatus, the electronic one. We have the weighing scale and then we have this card that they bring, we have a recording on whatever the BP, the previous BP checks. I think with that comparing it to the other client how are not enrolled with the comHIP program, it's really helpful

I: Okay

R: It's really helpful

I: All I'm trying to say is that in the provision of care to patients what is working for you well so that you can say that the client that come to the facility, before they leave there is a level of satisfaction?

R: Okay I think I'm getting your question. Aside the initial BP which the nurses check, when they come to the consulting room, its rechecked at least three times with two minutes' interval and then most of the medication which they need are available at the pharmacy and then we have the CVD nurses who check the BP in between the time of seeing the patients and the next review day, you understand? But I think the drugs been available and then we having the tools to check the BPs.

I: How do you think you could coordinate care better?

R: Coordinate care better?

I: Yes, have there been any challenges to coordinating care?

R: Erm we've been having some – the question again

I: Okay so I was asking you what are some of the challenges in coordinating care?

R: The challenges?

I: Yes

R: Erm, one, before comHIP, when the client comes the BP is already checked before the patients enter the consulting room. We were re-checking the BP but by then it wasn't as stated in the comHIP program. With the comHIP we are supposed to check the BP three times again at the consulting room with at least two minutes interval and then looking at it or considering the time patient spend at the consulting room, that's at time a challenge to us because at the consulting room where I work, at time we are only two clinicians seeing more than 200 clients so imagine having even 50 of hypertension client that means averagely you are going to spend about ten minutes with each patients so that's a bit of a challenge to us. Rechecking of the BP three times at the consulting room and then having to enter the data within 24 hours as in the comHIP, that was what I want to add.

I: Okay, what clinical guidelines exist in Ghana on hypertension?

R: Clinical guidelines? I think one, we have the standard treatment guidelines which state how this client should be managed. Aside that we've been treat, the comHIP as a top up to the training. Aside that we have other books that we consult.

I: Okay so what does the standard treatment guideline says?

R: It's just like – I can't quote but it's just like the literature in any other books. Lifestyle modification, stating as in the drug treatment with a low dose drugs and then

I: Okay but do you have an idea how these guidelines are developed?

R: Are develop?

I: In Ghana

R: I know we have the expert, the consultant, the specialist who come together and then come out with policy or something.

I: Okay and how often is this tool revise?

R: Currently we have the 2010 module of the standard treatment guideline, which I have both in the house and the consulting room.

I: So, since 2010 its not been revised?

R: I don't know if it's been revised, I don't have it but currently I have the 2010

I: Okay but what are your views on these guidelines, do you think they are useful?

R: At times

I: At times?

R: Because most of the things that they say are not applicable clinically, so most of them

I: So, on the job? [laughing] okay so are there any barriers to implementing this clinical guideline?

R: Erm I will say yes, I will say yes. For instance St. Martins, we have or we have developed our own protocol when it comes to several hypertension as in how severe hypertension is managed which is quite different from what other hospitals do and quite different from what the standard treatment guideline is. At times where you are supposed to use hydralazine, hydralazine is not available. You are given the option to use flucinol with maybe nifedipine and a little bit of hydro and then you keep monitoring the client. I think that is it

I: So what is the major because there are

R: Because of the no availability of some of, most of the drugs

I: Okay

R: And then the equipment, you understand?

I: Yes

R: Hasn't not been comHIP, I must say, St. Martins aside the BP apparatus the nurses were using, it got to a time we clinicians were not having our own at the consulting room so if you suspect maybe a high BP where you want to recheck, it's either you ask them to bring the BP apparatus to the consulting room or you send the client back to the nurses for the BP to be rechecked

I: That is what I'm going to ask you, I was going to ask you how you were rechecking in the consulting room?

R: That is the problem

I: But then if you have to send the client back for the nurses to check then how do you confirm because at the initial stage it was the nurses who checked

R: [Laughing] that is the problem, one of the areas with a problem we are coming from because you are not having the BP apparatus, now you need to confirm the BP and you cannot always go out to recheck the BP outside so it's either you invite the nurses to bring you the BP apparatus or you send the patient back to them or you use a different apparatus to check, to cross check for you.

I: Okay but then that notwithstanding have there been anything or any facilitators to implementing the guidelines?

R: As in the standard treatment guidelines?

I: Yes

R: Oh we do follow, we do go by it.

I: Okay the next set of questions will touch on relationship with patients. Can you tell me about your interaction with patients?

R: You see in school, you are told to create a conducive atmosphere for the client for the patients to relax, to create that environment where the patient will feel at ease and voice out all the problems, you understand? That's number one. Number two, still on the interaction that's before you take your history. With the history taken you give the patient enough time to say whatever the problem is and then you ask question at least to the level of understanding of the client and then when you come to the management and then the investigation, just like the literature says you do that to the client. And then maybe after that the next review date or when the patient is supposed to come back you help plan with the client.

I: Okay so that was at school what you were taught

R: Yes

I: Or that is what practically your interaction is just like with the patients?

R: Practically if I should say the truth, it's not always done, you understand? It's not always done I the sense that you are only two at the OPD seeing more than 200 hundred client, you understand and most of them, let me say the old client who always come for refill, when they come we just ask them. Most of them reply you, oo nothing I'm just coming for my medication so most of them will not even spend more than two minutes even at the consulting room so it defers.

I: Okay so are there any challenges with effective communication with your clients?

R: That was initially. I'm not a krobo and most of the natives here are not familiar with the other languages, for instance the twi or the English but I think now having spent some time here I'm able to speak at least to the level of understanding of the client, the krobo. So, language as in language isn't the problem.

I: Okay so now you can tell that you effectively communicate to the best?

R: Yes

I: How long have you been at St. Martins?

R: Let me say I'm in my eleventh year

I: With St. Martins?

R: Yes [laughing]

I: Wow, then you started very long time ago [both laughing]. Okay what do you think in your experience are some of the key challenges in adherence to treatment?

R: Key challenges?

I: Yes

R: Let me start with this. My experience to adhering to treatment, if I'm not mistaken almost or approximately 40% of my daily attendant, the OPD default treatment and if you should ask, the reasons includes not even aware of having such a condition, not told to come for review or knowing the condition but as the drugs got finish he might have travelled and didn't know he could even use he insurance card

to attend any other hospital or deliberately he decided not to come. And I think in most of them as a result of education that we give them. You see most of the defaulter come to the hospital not to store their drugs but because of other complains. For instance, low back pain.

I: So what about education is not making them adhere because if there is intensive education and you are convince that patients understand what you saying then it's expected that patients adhere to treatment because the patients understand, I understand my condition, I understand that I'm hypertensive, I understand that if I don't go to what have been said by the physician or anybody who is taken care of me, there are other complications that I could develop so why will I not want to adhere to treatment?

R: That's when the education didn't go well or does not go well because most of them who come or those who adhere to treatment, when they are ask and it's like they know the implication for defaulting, you understand and like said before, they have various reason for not adhering to the treatment as in defaulting treatment.

I: So what are some of the areas that could be done more to inform the patients? I think the education is one in my discussion with you

R: Yes its one and to be precise at the OPD whiles waiting to be seen, that education can be given to them and then at the consulting room, even at the pharmacy, you understand? I think these are the

I: At the consulting room where you find only two of you there, what times will you get to doing – maybe you have way of improving on that.

R: It is a challenge, it is a challenge. At St. Martins as it is being run as at now, we are three Pas, two medical officers, the roster is such that, it's made in a way that two Pas run morning, Monday to Friday and then one PA run afternoon, Monday to Wednesday, pick Thursday, Friday off to do the weekend and then the MOs does the ward rounds, see the maternity and then maybe surgery. So in the morning, the consultation, everything is on the two Pas on duty and you can imagine two people taking care of more than 200 people, you understand? At the consulting room, the education we are supposed to give, you understand, because you go there is no enough time. You just see them briefly and then disperse them. Whether there is understanding or not, you just say it and then the patient leaves.

I: Okay so we move to the next set of questions. The next set of questions will tackle health system issues. What areas do you think work well in your health – in your system regarding NCDs or hypertension?

R: System, im one BPs are check before the patient comes to the consulting room and now we have BP apparatus where we are able to recheck the BPs and we have also a system where does with high BPs are given priorities to be seen earlier than the others and then most of the medication that we need or we use in managing the hypertension are available at the pharmacy. And then I think NHIS is also working so it's helping a lot of people

I: And the same with other NCDs?

R: Hmm I will say yes, I will say yes. You see it depends, if I say it depends, it depends on the very condition im talking about.

I: So you are talking about NCDs in general?

R: Hmm hypertension is one. We just spoke about hypertension, diabetes, I think with records these are the two main NCDs that we do get on the at St, Martin and then most of the drugs that we use are always available at the pharmacy.

I: Even for diabetes too?

R: [Inaudible]

I: Okay, do you think

R: Just that if I should add, because of the attendant or the number of client that we see in a day, even when well manage we are not able to give more than at times a month duration of medication.

I: Do you think patients have same access to care in Ghana?

R: Same access?

I: To care?

R: Erm from my experience I will say better if not same, better [both laughing]. If not same better because we are closer to VRA, Akosombo and when you should ask them or ask most of them who has ever attend akosombo they do compare. They prefer Akosombo than especially with the waiting time.

I: But you are comparing just your facility to akosombo, but if you take Ghana as a whole

R: Because I've not work in so many of the hospital I can't really

I: But what's your perception?

R: Now they are CHPS zone everywhere, there are district hospitals, child institution everywhere in Ghana so I will presume that – I don't know but equally there may be other health centers or hospital around who give equal care as we've been given at St. Martins.

I: So what areas should be improve to make your work more easier and enjoyable? What areas in the health system should be improved to make your work easier?

R: I think if we should have more clinicians. I think that's my problem

I: That's your main problem? Funding is not a problem?

R: Funding as in? when you talk of funding it depends

I: On what?

R: Funding as in terms of we the staff or the client or as an institution

I: As an institution?

R: Funding?

I: Yes [laughing]

R: I don't know, I don't think I can answer this question

I: O why? You are with St. Martins. Is funding a problem to the institution? You can't tell?

R: Erm funding, yes at times because when we do [inaudible], administrator accountant will say insurance is not paying, a whole lot, you understand and I think its everywhere. [both laughing]

I: Okay but what about your information systems?

R: Information, its okay

I: Okay and your facility?

R: Information as in information, which information?

I: Within the facility, yes within your institution?

R: Clients, seeing client or?

I: Yes?

R: Erm with the new, we use HMDS, you understand?

I: And what is HAMS?

R: Heath [inaudible] Management System, which we use in seeing the client. That's the electronic type of the folder. At st martins currently we are using both the HAMS and then the manual, the folder. The problem I have with the HAMS is at times you key in the history, you go back and you are not able to find it.

I: Why

R: I cant really tell. Its only the diagnosis and the drugs that you able to see

I: [laughing] so what happens to the patient history?

R: I don't know. Unlike VRA uses HAN and I will say I will rather rate the HAN rather than the HAMS that we are using here'

I: Okay, what about access to care?

R: Access to care, as in?

I: Patients access to care

R: In general or at St martins?

I: In general? Fine we can talk about St Martins because that's where you are?

R: Let me say this, anyone who come to the hospital irrespective of the day, even a holiday, working day, weekend or whatever are all seen but because there are not enough provisions, Thursdays, Fridays, Saturdays and Sundays, after 3 PM the normal OPD closes because there is no clinician during the afternoon as in OPD. We have the nurses at the casualty who give both emergency and then OPD treatment after this period because Monday, Tuesday, Wednesday, morning and then afternoon there is someone on duty but Thursdays, Fridays, Saturdays, Sundays, in the afternoon, no.

I: So, who handle the emergencies?

R: The nurses at the casualty and then they have their own way of – when its beyond them they call the MO on duty

I: Okay so what could be done to improve prevention and treatment for patients

R: When it come to the prevention I think we can do more of the education, we can do periodic screening as in maybe going to the church the schools and the other institutions just to screen them and then the treatment, I don't know but we are always seeing them ones they come they have the care.

I: Okay so we move to the next set of questions, which will take about the comHIP intervention. What is your role on the program?

R: Im a clinician, a physician

I: And as a physician what's your role?

R: I give care and the care, I diagnose, I give treatment and in during that a whole lot of things comes under it. I think basically that's what I do.

I: Can you please tell me a bit about the training you received as part of comHIP?

R: It was a – I have forgotten, how many days was it [both laughing]? We had a training and I will say it was very helpful because has it not been that very training, it has been a long time I attend a workshop so having a training from the specialist having learnt some few things and then current way of managing way of managing hypertension. It was really helpful.

I: But do you think it was sufficient?

R: [laughing] I will say it was okay because weve been tained in school, we were managing, we were reading book so that training was like a top up, a reminder and then information as to the new trend, what was happening outside, what we were doing around here

I: Okay and how often do you have such training?

R: I think with the training with comHIP the initial training as at now as been the only training weve had o far but we do meet I think quarterly or half yearly and we share, that's we call it knowledge sharing. We share experience with the client, other clinicians and other paramedic.

I: You meet with client?

R; Yes there was a time we had invitation, we invited most of the client to share their experience

I: Do you feel that you have sufficient training to fulfill you duties?

R: [laughing] im laughing because it's always good to have things in abundant. The knowledge which I think I need to practice I have it and it's enough for me to practice but we can still have more [laughing]

I: You can still have more. That's okay. Can you please talk a bit about your experience with comHIP?

R: Okay I think I started with the clinicians in St. Martins. We were not having the apparatus, I mean the BP apparatus, the weighing scale and then with the height measuring, that's for the BMI. Before then we were not having. Two, weve had a good referral system as from the CVD to the hospital or from the

pharmacy shops or the LCS to the CVDs and then back to us and we referring back to them. That regulation before then didn't exists. And then having to know – you see when they come; we see them and everything is entered. The prescription, the management and even the referral, we do these three things an everything is on the tablet so it make the care – I don't know what – it's been really helpful.

I: What do you think are the biggest strength of comHIP?

R: Biggest

I: Strength of the program?

R: I think with the management, starting from the screening, the management and even the referral system with the program.

I: What have you also found to be the greatest challenge in implementing the program?

R: The time the patients spend at the consulting room, having to check BP three times with three minutes interval an then the time to enter the data, everything because you have to manage, prescribe and then refer on the tablet within 24 hours, its been a challenge

I: Okay how is the program different for what existed in the control of hypertension in Ghana before?

R: You mean the difference?

I: Yes

R: Now the LCS are provided with BP apparatus. Perfectly everyone can just walk in and check the BP. We also have a referral system to the CVD where at the community level they are been manage, it didn't exit initially and then we've been able to track newly diagnosed or newly diagnose hypertensive as a result of this program and then the clinicians they provided with the BP apparatus, the weighing scale and then even the tablet. And then we having to provide oor give out our numbers to the clients for communication never existed.

I: So do you think it's better?

R: I wouldn't say it better; it's the best [both laughing]. It's the best so far.

I: Okay so how have you found the use of tablet whiles conducting the program?

R: The use, okay we were trained but before the training I already knew how to use the tablet and then we had a training on the application; how to use the tablet and then I think after the training we've been doing well. There hasn't been any challenge just that at times the network wouldn't be stable.

I: Okay so do you think that the program is successful in creating awareness of hypertension in Ghana?

R: I don't think it is. Aside the lower manya krobo I don't know if it's been done anywhere but in the lower manya krobo here it's really been helpful. It created awareness. I think 50% of the –more than 50% of the LCS has been provided with the BP apparatus and they are able to screen.

I: So has it also created or has it been successful in increasing control of hypertension?

R: Yes because initially we use to have much of the default cases but with the alert the client get I think the default rate is coming down.

I: Do you think the program is appropriate in the district?

R: You see I've been asking myself the same question because base on challenges, though its helping but there've been some challenges. I don't have the exact number of hypertensive in the district but I've been asking myself if after this program we will be able to maintain for instance the three time BP check at the consulting room. Initially we were giving priority to them; those enroll in the comHIP program, now they are not doing it you understand; we want the patients to feel like or be the normal patients just like any other patient. It's a whole lot but coming back to the question you said if it's appropriate?

I: Appropriate in the district?

R: Yes it is.

I: And you have been wondering whether it is very useful?

R: It's been that one for sure, it's been very useful but maintaining it after the program, the practice it's what I was and still wondering, you understand, having to check the BP three times at the consulting room, even having the because I don't if after the program they will be taken back the BP apparatus, the scale and then the tablet, you understand.

I: What if it is incorporated into Ghana health service is it sustainable?

R: It is sustainable but then they really have to put things in place. There have to be enough provisions, you understand, they have to be enough.

I: Have there been instances where a participant have been unhappy about his or her participation in the program?

R: Erm, there was two instances where I have to stop two of my client in the drug. I think when the program initially started, the CVD nurse or the referral point was supposed to check the BP for a period of time before enrolling the client. It wasn't done so after the enrollment I realize that no the person wasn't hypertensive so i9 have to just stop the patient or have to be put off the program or something. He didn't understand why but after I talk to them and explain things to him he was okay.

I: Okay

R: And then initially I told you we were given priority to them once you have the comHIP card, when you come you were see earlier than the other and I think it was our local or own initiative for people to be enrolled because were think if you have the card you will be seen earlier, more people will like to be enrolled but it got to a time I realize that no, after the program what will happen so let's treat them as they were as the normal cases.

I: In your opinion, has the text messages or voice messages been helpful?

R: As too; we don't get text message

I: To the client probably they come telling you

R: Yes it's been helpful but I think some of them were complaining

I: That?

R: The daily reminder

I: Okay

R: It was, let me say it is but the daily reminder it just become a bother especially you have to remind them. That's from some of the client that you will be reminded to take this kind of; it's time for you to do this. We don't actually get the messages so we don't actually know what happen but a couple of them were complaining about the alert though they were happy about it but it was like it was too much for them.

I: Do you think the program has impacted on other assisting programs?

R: Programs? You see comHIP is doing one of a kind and after comHIP I've not heard of any other program except the other or the routine policies we have at the hospital. I haven't had any

I: But has it affected the routine policies that you have? Has it has impact on them?

R: Not really

I: We will almost be done very soon, we are almost there. What effect has it had on your workload?

R: Workload?

I: Yes

R: I think one, having to check the BP three times [both laughing] at a visit and with at least two minutes interval and then having to enter the data unto the tablet when 24 hours. I think this are the

I: So do you feel over work?

R: That one dier sure [both laughing]

I: Is it because of comHIP or you yourself you are already feeling overworked [both laughing]?

R: It's not easy for us o

I: But how has it impacted you as a person?

R: You see with the training I have had some additional knowledge. Now there is improvement in the communication between my client and myself because having to check the BP three times at the consulting room with the two minutes' interval, before that two minutes we are able to have time to communicate with the patients and then through that the patient is able to voice out some other complains or challenges which if not because of that given time I won't have know

I: Okay so if comHIP is to be implemented at another district what will you suggest they do differently?

R: Differently, I think the checking of the BP three times because in every setup before you see the clinician the BP is already is already check so if we can have at least at the consulting room just one check just to confirm what the nurses have already done for the initial BP, that will help

I: But they should maintain the three times at the nurse's level?

R: The nurses don't do it three times, we do it at the consulting room

I: The CVD nurses don't they do it three times before they refer to you?

R: The CVD nurse I don't know the workload over there, you understand? I'm saying it's because of the work load but if you happen to find yourself in an institution where you don't have that much client to see, I think it's good that we check the three times.

I: Okay before we finally close are there any thought that you will want to share?

R: The comHIP?

I: Yes please?

R: Erm I think now we've not being meeting

I: Okay

R: we've not being meeting and then the tablet, for the pass I think two or three weeks now it's not been operational, there is no network. I don't know what is happening, other than that everything is okay

I: But have they given you reasons why the periodic meetings has been suspended or

R: we haven't been given any reason but I know there is a challenge somewhere, which shouldn't interfere with the normal comHIP program, the routine, you understand?

I: Do you want to share the challenges that you know about?

R: [Inaudible]

I: Okay maybe we can do that of records [both laughing]. Alright thank you very much its been wonderful interviewing you. I'm grateful

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_008

Main interviews

I: So once again good-morning. My name is xxx and we are basically interviewing Clients, health workers on the COMHIP project; just to evaluate the project, to share your experiences on the project. We want to know your challenges, your difficulties, your successes if there are any and then probably suggestions on how to improve the project. And then we would also want to compare the system that existed before COMHIP with what COMHIP has introduced and see where there are loopholes and where erm... which areas can be improved upon. So basically that is what the interview is going to be centred on. And so erm.... Please the first question is that, can you please tell me your role as a pharmacist?

R: okay... basically we are supposed to give the clients medicines anytime they come to the facility. So we will receive the prescription from the prescribers, then when they come to the pharmacy we give them their medications then we also do our counselling as usual... that is the normal counselling every patient goes through in the facility.

I: Okay... so every patient goes through...

R: yes, every patient

I: Every patient irrespective of the condition

R: irrespective.... because as you come we give you your medication then we will counsel you and tell you how to take your medication and what to expect when you take your medications.

I: Okay

R: So more or less we are focused on the medication of the clients and...

I: Okay... So are you the head of the pharmacy unit

R: no please I am not the Head, I am the Deputy.

I: you are the deputy of the pharmacy unit

R: yeah, but the head is not part of the project.

I: okay

R: I am with one lady called Sonia Wereko but she is off today. So two pharmacists are on the project currently.

I: So this role that you have described erm... I hope it is just not with COM-HIP

R: No

I: It is your role as in general.

R: yeah in General. The only difference is that err... we are tempted to spend more time on the clients initially but later after the.... You know we always do brainstorming... yeah like we meet we share ideas as to what to do so the general consensus was that we shouldn't make it like those COMHIP clients are special. We should allow them to pass through the process just as a normal client.

At first you see them where you were sitting. Yeah, normally they will come inside; they don't join the normal queue. So They will come inside, we sit with them one on one, we chat with them, aside the normal medication counselling maybe err... exercise, diet and all those things we will try and have them.

I: Okay...so please how do you organise your services?

R: Organize as in.... can you explain?

I: the services you provide to the clients in general, patients who come to the hospital. The services you render to them, how do you organise them on a normal day?

R: oh... you know this pharmacy is both the inpatient and outpatient, we receives both inpatient and outpatient prescriptions so you come through the pharmacy you take your folder or anything[claps of hands] that is from the prescribers and we assess the medication to see whether indeed is the right medication and if there are any challenges we consult the prescribers and we also document if there are any intervention we will make, at the end of the day is not as if the doctors writes and we are serving but we also make sure that you are given the right medication yeah so if there are any challenges we consult the doctor or any , the prescriber who gave the prescription, then we discuss it before we give your medication but it goes through a lot of processes, one person receives vet the folder the we will give it to the those in the prescription room the they will also go through then they will serve your medicine, then it will come to the routine area whoever is there will also check to see whether you served the wrong, mmh the right medications before it goes to the counselling room before

I: okk

R: nmmmh so this are all measures to correct any errors

I: okk

R: that we see there on the patient folder before the patient and him so that's the normal day what we do, you know our clients we have two category, we have the insured and non-insured clients but they all go through same processes

I: okk so before a patient gets a drug, the patient would have gone through all these processes.

R: yes but the patient, you will not see what we do

I: okk

R: we are inside the only thing you see is I received you folder, have given it to someone then you will be called but you don't know how the people, what processes it goes through

I: nmmmh

R: is just to correct any mistakes that will be in the folder, you know pharmacy is the last point of call between the patient and the health care provider so if you make mistakes you are going home, if the prescriber make mistakes you are supposed to know

I: okk

That's why we have don't that, is like a cycle

I: okk mmmh

R: So that any point in time somebody is checking so at least you know that we are giving you the right medication

I: okk but does this happen across Ghana Health service facilities

R: most, most pharmacies that's what we do

I: really

R: mmh most

I: am asking you this because the few times I have been to the hospitals all I see is that I drop my card and at the counter the pharmacist pick your card or whatever prescription you have been given, he looks at it goes to wherever the drugs are, pick the drug and comes back to give you the drugs

R: to be honest with you this is about let me say my third place of work in Ghana health service, the first one I was only doing attachment, it was not as let's say intensive as this place

I: mmmh

R: yeah I was at Tafo government hospital in Kumasi, then Volta regional hospital the here

I: okk and at all this facilities is the same cycle

R: yes the same cycle but here more intensive as compared to all the various hospitals where I have worked so far

I: okk

R: yeah

I: okk can you please describe the other health care professional you worked with?

R: in my facility or in general?

I: in your facility, in this facility

R: okk I worked with the doctors the physician assistants then Lab, the nurses infact almost everybody, x-ray every body

I: mmmh

R: is more or less like a team work because I will by all means need someone, someone will also by all means needs me, so is like a team work, so I work with everybody even the non, how do, the non-clinical side too[clap of hands] they all come in, the accounts every body

I: okk so how hypertension is diagnosed, what are the key steps?

R: aaa mmmh when you come you know we don't just take one BP measurement, okk is over a period of time okk now the normal Bp we all look at is the 120, 70 but if yours is high you go through some processes, here what we normally do is that we will give you a chart so that you will be checking daily for some period before we put you on medication if you BP is high yeah the danger is that maybe we have something we called the white coat hypertension, the are some patient as soon as they come to the consulting room the y see the doctor the BP rises, that why we give you the chart

I: okk

R: mmm so that you will be checking and we monitor for some time but with the comHIP project is easier as soon as we monitor we will just key in, key in and then you will receive a message as to what to do

I: mmh

R: yeaah basically that's what we do, so we don't just take one Bp within a week we put you on anti-hypertensive for a period of time

I: and how long is that period?

R: ooh it depends, is at least one week two weeks [flipping paper]

I: mmh[flipping paper]

R: unless your BP is exceptionally high you know there are some BP as soon as you see the Bp you don't need to tell the patient to start

I: mmh [chuckle] so as soon as very very high then maybe we will detain you and monitor in the facility

I: okk

R: nmmh

I: so if you say the patient should monitor for a week assuming does it mean the patient must be the facility every single day

R: ooh noo all the pharmacies, you know comHIP project is not only with the hospitals, I think from mmmh Nat pharmacy, going even Doctor pharmacy, even, they have their Bp apparatus, but

will advise you to either go to the nearest pharmacy because now almost all the pharmacies have those machines to check or if you want to come here, there are some people who are so comfortable with us, so they want to

I: mmmh

R: but if you are far and you want to come that one we wouldn't prevent you from coming

I: okk so before comHIP

R: mmmh

I: was that the system

R: that's the system, there is, that's what we do

I: so before comHIP did the drug stores have the license to do that

R: no for you Bp measurement I can take you Bp measurement, all the pharmacies can do that

I: okk

R: mmmh and if am checking for you it doesn't mean that am diagnosing you

I: mmh

R: I will check with the BP apparatus then I will tell you this the figure I have

I: mmh okk

R: so when you are done then you bring it to the hospital, if you are not comfortable with the pharmacy you can come here and check any time you want, when you go to the OPD that the first thing you take your vitals and everything before you start whether we should put you on medicines or not

I: what treatment do hypertensive patients take?

R: treatment? Ooooo normally we give them direct anti-hypertensives

I: mmmmh

R: and there are people too who have theirvery high, then we also add the, how should I even put it, something to reduce your cholesterol level, so we give you that [clap of hands] and some also come with neuropathy that is the numbness[clap of hands]

I: okk:

R: nmmmh [clap of hands] it depends on, it....it is not fix, it is individual or owe problem, you can even see that most of the hypertensive also with diabetes too

I: okk

R: so you treat or you manage, that's the right way, you manage all

I: okk so there are levels of hypertensive cases

R: yeah

I: okk so aside the drug treatment or should I say management, are there other forms of management?

R: yeaah normally we have a nutritionist here, she is at the district health, how should I put it, she is up there with us, she is not with us at the facility, she is with the district so all the district we have a nutritionist so if you release you need to be counsel by her we refer you her, she is up there or we can even call her

I: mmh

R: to come and talk to you

I: okk

R: yeah

I: yeah once a patience has been diagnose what is the prevention information that is provided

R: prevention? It depends if, you know there are other factors not only , some will come with may be let's say, sometimes with your family there can be family issues is part, also don't look at the diet problem, when you smoke, your life style[clash talk]

I: [laughs]

R: ooh don't worry I enjoy writing than speaking

I: oooh okk

R: I don't know why I enjoy writing than yeah so

I: okk

R: so that why we look at is tailored for the patient

I: mmh

R: nmmh if the person smokes, he has a sedentary life style, all those things come into play, we take you history, so based on the history you give that what they will use to manage you

I: okk

R: That why we insist on getting the right information because if you don't give then the right information, that's what they are using to manage you

I: mmmmh

R: so the information you give out is what will be use to manage you, if you give us wrong information it will be at your own risk

I: so let's take for instance a patient who takes alcohol, he smokes for such a patient what kind of information will you give to such a patient?

R: you know to be honest with you, to be honest with you is difficult to tell the person to stop smoking at once, that's why we take the person through counselling, you take to the person gradually, so that you will be reducing it, that's what we believe in, because if you tell the patient to stop at once, you might not achieve what you want, but the first point is that you should make the patient understand what you his condition

I: okk

R: this is your condition, this is what we can do for you but you also need to help yourself because if am doing my part and you are not doing your part you will still come back with the same situation so if the, me I believe that if the patient understand his condition very well then he will listen to you but if he doesn't understand he thinks ooh is normal, you know most of the hypertensive patient don't walk with any symptoms

I: yeaah

R: that's why we term it the silent killer, you will feel you are okk but if the patient understand his condition very well, then you start from there, then you have counsel the person to start reducing it gradually

I: mmmh

R: aahaa to achieve you target

I: oook so how's prevention organised at the primary health care level or at the hospital level, how's prevention organised?

R: prevention of the disease?

I: yes, any other condition not just hypertension

R: okk for this facility we have slots on all the radio stations around yeah so I think is Mondays and Wednesdays so we choose a particular topic then we go on air , we also have public health unit and the district unit also they go to the community and educate them

I: ookk

R: nmmh, so basically that's what we do and every morning too if you come we have patient education both at OPD and pharmacy[hand clap] so when you come on Thursday let's say around 2, we pause for 10minutes then we take a disease condition nmmmm or pharmacy , pharmacy mostly the do the disease condition, but pharmacy we focus on the medication, but OPD they will hypertension let's say discuss it, they discuss let's say the dos and don'ts, even they will tell you to ask questions, if you have some issues which you want us to solve for you, so that's what on a daily basics we do

I: okk so how do you coordinate this work other than let's say health promotion agencies

R: oooh for now am yet to, I don't have any idea to what, any way as I came here I have never meet that situation like that, all we do is when the year begins the radio station will give us like the slot they want us discuss then we will sit down, we have the drugs and trans.... Committee, we have the quality assurance, they all sit down then we will choose the topics, the we will find the resource person that this time we are going to do this but with other agents partnering the facility, am yet may be the district will the best people because most at times they come to the district before

I: ookkk

R: aahaa so they will be the best people to answer that question

Okk so could you explain to me the steps that you follow when patients come to your clinic and you suspect them of hypertension or any other CVD,

R: okk

I: do you have an idea even though you are a pharmacist

R: yeaah honestly am not in that compact term

I: mmmh

R: but what we do at the OPD as soon you come they will check your vitals and your BP so if it is exceptionally high [clap of hands] or is high you know you will still go to the consulting room first

I: yeaah

R: aahaaa so if the prescriber is alarm at your condition, what we do is to detain if is high we will detain you and monitor you over a period and see, let's say 24hours and see if you will be okk that what generally we do

I: okk

R: if is high [clap of hands] you will not go home till we see everything is okk that is why the taking of vitals is very important

I: mmmm

R: because that's the only way [clap of hands] we can get to know that this patient is hypertensive because you will not come, with most cases only few people come with headaches, those people will just [clash talk] aahaa look normal, so we check if their BP is high, so as soon as is high then is either the person will go to the consulting room or the nurses will detain the person then the doctor will come and monitor, that's what we do that's why we have emergency room, so we will take the patient there to[clash talk]

I: so the difference between two or more conditions is the same thing? For example we have hypetension HIV, hypertension diabetes

R: yes the same thing

I: okk

R: the same thing even diabetes you know the check your glucose level, if that one too is high, you will be detained

I: okkk

R: aaahaaa you will be detained, most people will say they want to go home but that one they will write in your folder

I: mmmh

R: that they wanted to detained you and you said you will go home so if [clap of hands] anything happens to you is not our fault

I: okk

R: you said you will go home, that's what we do and it will be stated in the folder and those patients when they come, they will come and disturb you a lot

I: mmmh

R: especially when you come for night duties

I: mmmh

R: because they will still come back so that's what happens

I: So how do you coordinate care with the rest of the team you work with?

R: okk mmmh with the comHIP or?

I: okk in general

R: in general okk as I said they, we mostly receive their prescriptions and with the history and everything, okk so we will go through and see if the medicine is appropriate for the patient and normally let's say if the person is having peptic ulcer then we say is an NC that the diaclophinac and all those things, what I will do is that I will tell you to sit down because is a team work and the patient don't needs to know what we do

I: okk

R: because at the end of the day, now patients are very intelligent they know that the medicine, the doctor giving is even wrong, you know the confident is reducing, [clap of hands] so we will tell you to sit down then I will call the doctor, mostly am at the receiving room, is either I called the doctor or I will go there my self

I: okk

R: and no matter the number of patients, we are a lot at the pharmacy and we will go and discuss it, if he feel this what we should do or give the patient then he will correct it there, then I will come before you go through the processes but the patient will not know it

I: mmmmh

R: so we discuss, sometimes they also ask us I have this condition what do you think will be appropriate for my patient then we also give, we also as what we have here the medicines we have here especially those on insurance, the challenge is that almost 90% of our patients are on insurance based on the survey we conducted

I: okk

R: every year we conduct a survey and the latest one we release that almost all 90% of our clients were on insurance so that too come into play because you look at the environment you are in and what you have to take care of your patient, it doesn't make sense to write medicine that your patient can not afford, so all these things come into play, so if I write medicine and the patient cannot afford I have to look at what I can give or what is on the insurance that can also do the same work nmmmh so we also discuss it before the patient is put on medication

I: okk so this is done at both the primary care level and secondary care level

R: yeaah

I: what are the things that you think are working well for you as a facility?

R: ooh I think the most important thing is the team work

I: okk

R: like we coordinate with each other and the good thing is that if there is an issue or a prescriber makes a mistake and there are discussing they are not angry, they accept we discuss issues, at the end of the day we don't want the patient to suffer

I: mmmh

R: yeah that's one of our main goal, to give patient quality health care, so the team work is doing the trick for us and every month we have our clinical meetings, every is it the 2nd or 3rd week of every month Wednesdays, so we have clinical meetings where we have resource persons, some come from the regionals hospitals some too from our facility or other sister facilities where they will come and discuss clinical issues, we also have our mortality meetings, mortality and morbidity meetings where the patients at the ward those we were able to manage properly and those that were not able to be manage properly then we discuss then so that next time if we have the same situation on hand we will not repeat that mistakes, so basically this is what we do

I: okk

R: the team work still monthly clinical meetings and every month too we do morbidity,[chuckles] morbidity and mortality meetings where all the prescribers will be in, the pharmacists then the nurses , is mostly for the clinical staffs, we discuss issue of importance to the patient, so that are the three things we do

I: but at those meetings do you involve the patient

R: noo

I: cos am wondering how do you know a patient something not been right with the patient

R: everything that why you know health care is about documentation, everything is about documentation, no matter how you if you don't document, so out tool is the folders that's why we don't allow you take the folders home

I: mmmh

R: yeah because if I pick a folder I know all that the doctor did, I know all that the pharmacist also supplied the patient, so based on that if you lose a patient you have to find out that time you said the patient was this was doing that was doing this, what did you do at that moment

I: mmh

R: I did this I did that, so all the team we will bring our heads together, so at this point if you did this you could have save our patient aaahaaa so meaning next time if you have the same situation you are not supposed to, so that's why is compulsory during that period, the medical sup, the clinical care, everybody will be there

I: mmh

R: nmmh just to make sure that next time if such situations arise you will mess up

I: okk

R: mmh but the patient dieer we wouldn't invove him

I: [laughs] okk what are the biggest challenges to mmh coordinate care

R: biggest challenge to?

I: coordinate care

R: care with the patient in mind?

I: yes

R: okkk in this area as I said most of them are on insurance so if if you give the medicine that is outside insurance it becomes a challenge

I: okk

R: yeaah, you know they will tell you they can't afford even though they have money to go for, you know

I: [laughs] how do you know they have money to go for [laughs]

R: oooh I know [clash talk] sometimes we are at the ward no med, even getting medicine for the patient becomes a challenge

R: mmmh, so pharmacy you are tempted to supply because at the end of the day because of medicine you lose patient they will blame you but you wouldn't see any relative

I: mmh

R: you see but as soon as the person passed on you will see all the big men with their cars then you will ask you self when this patient needed help where were you and they will come and make noise, so is the insurance, most of them are on insurance, so if there is something outside the insurance like medicine it becomes a challenge, that the biggest challenge you know insurance too is not paying well so stopping becomes a challenge

I: becomes a challenge

R: you know when, sometimes too the patient don't, only know I think how should I even put it, they they aaah they most here in our setting, they feel the hospital is theirs, so the attitude is somehow not the best okk you you tell the patient , you give them appointment date, may be you have to come today they will not come , they default for one month two months and they will come, when they come and you are talking they feel is their business[clash talk] so that one too becomes , you will try and explain to them but some will also come at odd hours, od odd hours, today is not a clinic day but you see the, hypertensive diabetic and asthma patient all come so they default

I: so what do you tell such patient when they come?

R: you will talk to them even weekends, weekends they were coming then we stopped them, so weekend if you come you know we give then refill two months maximum, so if you come weekend I wouldn't give you two months, I will give you three days so that you will come on you clinic day

I: okk

R: if you don't give the patient any medicine that one too trouble, you can see

I: [laughs]

R: if anything happens they will say I came to the hospital "wa ma me odoro" (he did not give me medicine) that's that's how they put it, so we will give you medicine that will fall on your clinic day, that one koraaa noo[clap of hands] is another challenge

I: mmmh

R: and so I think, and the educational background too is also a challenge because the survey shows that most of them are JHS, over around the JHS level

I: mmmh

R: the survey we conducted

I: okk

R: so maybe their educational level is down that's why they don't understand certain things, so our matron will say for education it should be ongoing, every day you have to be hammering it till they change , because there are certain things if you don't take care, you will be discourage

I: nmmmmh

R: Because there are patients who consistently they've been defaulting, you talk to them aaaah but at least you still have to talk to them you can't leave them.

I: Okay so we want to talk about the clinical guidelines that exist for hypertension, what has existed in Ghana in terms of clinical guidelines for hypertension. What are the guidelines that have existed for Ghana that you know about?

R: Okay, mostly we use the STG the standard treatment guideline. Mostly that's what all the facilities use almost here. So and the BNF to also guide us that's the British national formula and so basically that's what we use to guide us in the treatment of our colleagues; our patients let me put it that way. So I don't know whether you need more but basically

I: So I will like to know more, I will like to know what those guidelines say about hypertension, both guidelines?

R: Okay mostly, you know you have your targets. If the hypertension; the BP is especially high you know what you want to achieve so you work towards what you want to achieve. If you want to achieve a BP of let's say 140/80 or 140/90 then the treatment should channel towards achieving that aim.

I: So I'm wondering, hasn't Ghana health service develop something probable a standard guidelines for all the facilities?

R: That the standard treatment guideline which all the facilities with the exception of the tertiary institution like if you go to Korle Bu, Akomfo Anokye, koforidua regional hospital. They are the tertiary level so they don't normally; but those of us here we use the standard treatment guideline. It guides everybody.

I: Okay

R: And we also have our British national formula, that's the BNF so we have something to

I: Guide you?

R: To guide us. If you are in doubt you just refer

I: Okay so what are your views on those guidelines, are they useful?

R: Yes, they are very useful. The only challenge is that I think it should be reviewed. I'm thinking it should be done every year because of the BNF, I think every year you have two coming out but with the STG, I think the current most is 2010. The current is 2010 and I'm told maybe this year we will have the new one. Yes so the only challenge is that is should be reviewed but the BNF, every year you have one at least coming out and we also go for CPDs. That's the continuous professional development. Every person

in this facility where you are – doctors they have theirs, the physician's assistance they have theirs, the pharmacists, the nurses here, so that place to we are able to get new information

I: But then who reviews it? Who is responsible for developing the guidelines?

R: For us we are under Ghana Health Service so as soon as there is a policy up there it runs through. We don't do anything. We implement what they want us to do so the Ghana health service will send their – how should I put it, what they want us to do down here then we will just implement it.

I: Okay

R: So as im talking to you today if Ghana health service tomorrow tells us to do A, B,C, that's what we will do. We won't do anything contrary to that.

I: Have there been any barriers or facilitators to implementing the guidelines?

R: Hmmm, barriers, as I said the only – you know we are normally not directly involved in such situation

I: But the guidelines doesn't it has an except for pharmacist?

R: Yes we also have ours. For pharmacist we normally use the BNF a lot

I: Okay

R: The BNF will give you everything you need to know. That is why when you came I was just – it will give you everything you need to know about the medicine

I: Okay

R: Yes so for pharmacy we normally use the BNF. Now we also have the medsafes and, we have a lot. The medsafes, the BNF, the standard treatment guideline. That's what we normally use and facility wise we also develop our own thing. We have currently the antibiotic policy. As a facility, we also sit down and tease out what the policy says. You know there are certain medication that we can prescribe here so what we can also prescribe we also tease out. Let say as a facility lets agree that these what we want to do. This are our policy for antibiotic

I: Okay

R: We also have our own policy and we also have our – how should I put it, hospital formulary, yes, I nearly forgot. We also have our hospital formulary which last, I think we reviewed it last month, we also have our hospital formulary aside the standard treatment guideline which we also – that one to we meet. That one the drugs and the therapeutic committee of the facility, they also meet and discuss it. Maybe we want this particular brand of medicine for this particular patient or this category of patients so we also as a facility have our hospital formulary which is not – we don't do anything outside the national so you could see that the hospital formulary, everything in there is tease out from what we have

I: The national guidelines

R: Yes

I: Okay so you do that for hypertension patients too?

R: Yes. Not only – all the disease conditions we handle here. So for the hospital formulary all the medicines we have here it is in a booklet form so let's say hypertension, this what we've stock, these are the brand of medicines we will stock. Maybe for diabetes this are the brand of medicine we will stock.

I: Okay

R: So any prescriber who comes will just pick the book, okay Atua hospital this is the medicine we have so let say if I'm handling hypertension, this is what we have at our facility so this is what I will use I want do anything outside what the hospital has unless maybe it's an exceptional case that you want a particular brand. Even that one if you inform the pharmacy department we will stock for you.

I: Okay

R: if you are not comfortable with this brand and you are comfortable with this one, if we meet you can tell us then we also stock so the facility also has it the hospital formula and then antibiotic policy so its also part of our guideline.

I: Okay now we want to move to relationship with the patients. How is your relationship with your patients interacting with them?

R: Oo its interesting, very very interesting, they are interesting people. They are very very interesting people, very difficult to handle, they agitate a lot but you need to be tactful in handling them because most people come here they know the hospital is in their land, the krobo land so whatever the case its ours so if you don't handle them very well the way if something small happen, the way they will explain it it's like they are exaggerating it so we normally handle them with very very – we are tactful in handling them just to continue that relationship because here news travels a lot so the little mistake it's like the whole community will get to know. And sometime to we take their contact if some of them will come and maybe we've run out of stock so they will take your contact or you will take their contact and if you have you will them to come it. So the relationship is cordial even though they are a bit difficult people they can be interesting though but

I: [laughing] what makes them difficult?

R: Difficult because the way they see the hospital is different from what you see

I: Okay

R: Yes, some people feel even without insurance you have to take care of me because the hospital is in my land. I had a - one patients use to come here every day and I said papa teye every day you have been coming here and he said yes the hospital is in my land, I have to enjoy [both laughing], when we were building it where were you? You were a small boy. You see?

I: [laughing] okay

R: So that's how they are. Initially if you don't take care you will be angry but if you interact with them you will see that – some patients just they feel like coming. They are not really sick but they feel like. Some even from Ho will come, from Accra.

I: Because they are natives from this place?

R: Yes and here let me tell you, krobos when they are seriously sick and they think they are dying they will come here

I: From all walks of places?

R: Everywhere, they want to come here, they want to die in their land, that's the perception

I: Okay

R: So we have someone been referred to the regional hospital the person will say I want to be here I want to die here [both laughing] so they are wonderful people. Okay so you need to know them before you can work here, seriously. So the relationship is cordial, it's not bad so we are managing.

I: You think your communication with them is effective?

R: It's very effective

I: You understand their language?

R: I don't understand everything but when I came – you know im from Kumasi so – so madam do you understand twi? No I don't understand twi

I: [laughing]

R: The person understand but because she is in krobo land she prefer

I: You have to speak krobo

R: Yes. They will tell you they don't understand twi but in the evening when you come the patient will be here watching TV. They will be watching kumkumbagia

I: [laughing]

R: So when I come im always on course so I use to come – I will tell you in the morning you said you don't understand twi now you are watching kumkumbagia. They are speaking twi so what do you understand? Then they will be laughing and so I realize they want you to at least speak their language so honestly where im staying I cant learn the language so I decided to learn what I will use to work. So if you come to me and you are a krobo, the little I will tell you on your medication and everything that one I will handle it but when it comes to the social issue I meant not be able to so when they see that you're counselling them in their language they are okay. That's what they do so almost everybody here understand the language at least the one you will use to talk to the patient on their medication so language barrier even though it's a challenge but it's not

I: Much of a problem

R: Yes because we are able to. Even if you don't understand well you can just call a krobo because we have krobos with us so that they will interpret it for you

I: Okay what do you think are some of the key challenges to adherence to treatment in your own experience?

R: Adherence, I'm thinking one is – for the hypertensive and diabetic patient, I think it's the number of medication they are taking. Sometime you look at the patient medication and you will be wondering if the patient will be able to take it. That is why we also do our rational use of medicine just to put the prescribers on their toes because the more the tablet the higher the nonadherence so we also look at that so it's part of our survey when we do and I think basically and when the patients also feels he is okay. You said take it for five days or seven days, maybe two three days the person feels his okay, they might not take it again. So the only challenge is with the antibiotics. That's where we have issues who that one we have to hammer it and tell them that if you don't take it or if you do not complete the dose and you have the same condition, it will be difficult for us to treat. So basically

I: For hypertension patients to the same?

R: Yes

I: The number of drugs?

R: Yes. Sometimes

I: Deter them from adhering

R: Yes, sometimes honestly, I will look at the patient's medication and I will say wow.

I: [laughing]

R: And now the pharmaceutical company are also doing well. Now we have the combination therapy so instead of the one one maybe two medicine

I: in one

R: Yes and I think that has been helping us. Sometimes you monitor, someone is taking about eight medicines. Even aside the hypertension and the diabetes maybe the person is also coughing, maybe the person has malaria so if you don't take care you load the patients so as soon as the patients see the medicine she

I: Gets scared

R: And there are people too if you give them little medication to they complain, this doctor he didn't give me lot of medicine, so its varies but in general I think the normal of medicines to pose a lot of challenges and sometime to the patient also don't know. They don't also really understand their situation. They don't really understand their situation – you fear for them but they feel

I: So in that case what do you do to inform the patient?

R: That's what I said you counsel the patient you will let the patient understand. That's the first thing, if the patient don't understand his condition, everything that you do will not benefit him or her so the patients should understand the condition like this is what you are like this is your current state. Okay, sometime people feel when you do that you are discouraging the patient but you can let the patient understand his condition in a more – yes so that it won't scare him so you have to balance it.

I: Okay we want to move to health system issues. What areas do you think work well in your systems regarding NCDs or hypertension?

R: Okay I think our clinical days – here its Tuesdays and Thursdays for the hypertensive and the diabetes clinics

I: Okay

R: and asthma clinic is also Part so we have our clinic days and we also have huge number of prescribers even though we are complaining its not enough but I think our prescribers are okay. They are able to handle them. If you have come here yesterday, I don't think you will even feel comfortable talking to me

I: really?

R: Because they were even sitting on the floor, the place was choke

I: The patients?

R: Was choke so I think the prescribers the numbers are okay

I: How many of them do you have?

R: Currently Dr. Dankwa, Dr. Mahami, Dr. Lewis, Dr. Rockiya and then we have Pas one two three four five they are almost nine and aside nine we have Pas to who are not – they are doing their national service, about two or three so lets say about twelve people.

I: So the shift how many people are available

R: It depends, it depends on the day but normal only two people - one or two people will be for afternoon and we also have doctor on duty so if the person is not able to handle the doctor on duty will also come and review. So here to the good news is that they are able to get almost all their medications. In all we have the tracer drug availability. In every facility, we have tracer medicines. This medicine at any point in time you should have. Most at times when we do our survey we are almost hit at the ninety mark so when they come to the facility to they get their medicine that's why even when they are angry with us they still come back because

I: They always have medication

R: And we treat them well because honestly, I visited some facilities, you know the thing most people forget if I do the counselling what people think they are delaying them if after giving the medicine you are not going you will give me feedback that's what we do here so i ask you maame this one how did I say you are supposed to take it? If you take it what will happen? So, you will give me the feedback but I realize some people don't do that, they will just counsel you so that one to has been helping us because you have to know what you are going to take intervals. Some people will insist that they will come to your house, I have a child in the house. We will them no, your child is not a pharmacist neither is he a pharmacy technician so just try and give us the feedback, understand your medicine before you go home. Oo I beg you, you disturb but until you give us the feedback you are not going

I: So, you insist on that.

R: Yes if my boss is here and you dispense medicine and you don't ask for feedback trouble for you

I: Then I can imagine the level of people who sit at the pharmacy

R: Yes, that's why most at times they are choked. They feel we are delaying them because when they go to the other facilities, one in the morning, one in the afternoon

I: Like I told you, you drop the card

R: But we realize that its not helping. Okay if you do that it means your counseling is not complete. Proper counselling is when I take feedback from my patients and he is able to tell me what

I: Exactly what you told him

R: Yes. so they will feel we are delaying them but they will go the same people who will be insulting us, the same people will be praising us.

I: Its human nature so

R: Last year Atua, atua here atua there but we had the best hospital, well manage hospital in the whole of eastern region.

I: That's nice

R: So its team work and we understand where we are and we relate to them very well and if you call them too they are happy. Imagine your drugs have come so come for it. Sometime they will call, awatse is some of my drug in? and we will say yes some is in. I doubt how many people will be doing that for their patient.

I: Okay do you think all patient have same access to care in Ghana?

R: Same access, I think so but with the insurance everything is same. Maybe I don't know what they do at the tertiary level but here is the same thing whether you have insurance or you don't have insurance you go through the same procedure. The only different is that the noninsured person pay for his medication there. The insured person meant not the only few medicine that you pay for but basically everything is the same. We don't discriminate, it's the same thing

I: Okay so everybody in Ghana in any corner has the same access?

R: Any corner, any corner can't be

I: [laughing]any corner can't be

R: Me where anywhere, where I'm siting that I don't see that ne to be a challenge because of where I'm siting but if you say other community that one it's not possible. There are people who need to cross rivers and so many things to access healthcare. There was one pharmacist here who was doing here attachment, she is now in akosombo, she is their district pharmacist and she told me she has to cross river sometime she has to be on motorbike to carry people but unfortunately, me I

I: Didn't had that experience

R: So I will not see it has a challenge unfortunately she has been telling me those in the hinterlands especially the pregnant women when they are due they have to come to another town to come and deliver but where I am unfortunately I can't see as a challenge but those people will see it

I: So, what areas could be improved to make your work more easy and enjoyable?

R: I think here if we get more additional prescribers or let say more technical staff and non-technical staff to it will help with our work too because currently if I come to work I will close around 4 to 5 every day. Everyday 4 to 5, ever blessed day 4 to 5. Maybe on Fridays and I can and weekends to if you are not lucky they will be coming, that's the duty roster so we need more professional staff and non-professional staff and the motivation too must come in. You know you will look at the staff and you will realize that aside your salary it's difficult to get other source of income and here is the case you want the staff to sacrifice. We are supposed to close around three but you have to stay in so I think we need to be motivated and encourage to do a lot of the things. I think basically that's all and there are lot of this that we even buy that if we are able to improve upon our manufacturing unit we can do. Something like paracetamol syrup, MNT, bleach, hand sanitizer we can do it here.

I: But you buy them

R: We buy, last Tuesday we had a workshop up there and they said I should come and teach them how we do hand sanitizer and I taught them and the resource person asked me how come we are buying it.

I: Laughing

R: You know I have not been empowered to

I: Exactly

R: Yea so more staff then motivation, I think

I: What about your information systems?

R: Information as in information

I: Information system for the facility

R: Like information flow within the facility?

I: And then like exactly that one and then how you inform your patients and all that.

R: It okay the information flow is not a big challenge here because if there is anything we need to know circulars will be sent around and when we go for programs to we have feedback from our client to during our clinical meetings we discuss it

I: Okay, is funding a problem?

R: Funding yes, I nearly forgot

I: Laughing

R: That was the main thing I wanted to say

I: Really

R: As im talking to you insurance has paid up to April 2016

I: Wow that's like a year

R: Almost a year now so when you come to the facility and we are not able to give you certain medicine and you blame us, it's it's – we don't want to get it we don't understand because you know that in reality insurance has not paid the facility

I: But the patients don't have an idea of what happens

R: They know

I: You are sure patients know that insurance haven't reimburse the facility?

R: They know

I: How do they know

R: It's all over the news

I: They hear, as to whether they reimburse you people or not

R: In the news, it's all over

I: [laughing] how many people watch news

R: Oh even if they don't watch here they listen to krobo news. Me even I don't understand but when they speak they do phone in, they call and they sometimes even plead on our behalf. The last time someone call, he said the last time he came to the Atua hospital we said we don't have one medicine. He has to go and buy it was twenty cedis so he is begging the government to pay Atua hospital so that they will get money to stock all the medicine so I realize that they understand because if you are able to call in right FM to tell the host that he came to Atua hospital we were not able to supply one medicine when he wants it it was twenty cedis and it was so expensive he use to get it free here and we said we were not having it and he is sure insurance has not paid so he is pleading the government to pay us so we stock that medicine then it means the patient understand, do you get it so funding has been that's why when you come and you don't have insurance we are happy because at the end of the day

I: [Laughing] you are happy

R: Yea because if you don't have insurance and you are paying we are happy because at the end of the day we will get enough money. My boss doesn't like it when we don't have medicine. Even if we don't have para, we are died. They will tell you when I came to Atua even para they don't have so we quickly go to akuse or St Martins so that at least we maintain our stocks. When they also need help they will come here

I: Okay

R: So we help each other because of where we find ourselves so the reimbursement is a big challenge. We thought this week they will pay but nothing came up so we are hoping against hope that they will reimburse as so that we will be able to stock the place.

I: What about the state of your facility?

R: Okay I don't think its that bad anyway the wards they also have their challenges all the departments but the pharmacy department I think anyway we are the best so if you go to the other units I think pharmacy we are doing well because we have almost everything, almost everything.

I: But the facility as a whole there are places that are lacking

R: Yea, o we our main challenge is the preparation room, that's the manufacturing unit because we want to manufacture paracetamol syrup

I: So what do you manufacture now?

R: Now we do MMT

I: Which one is the MMT?

R: Magnesium trisilicate

I: Okay so you do this here

R: Yes

I: O you even have atua government hospital on it

R: Yes so now FDA came to look at our place

I: In fact I was going to ask you whether its only here that you disperse this all is all over the place

R: Here, Its only here

I: So are you hoping to

R: Yes so now FDA is working, we've contacted FDA to – you know we want it to be standard. We don't want - so they've given us things to fix in our room because we want to do proper manufacturing because if we can do this, we can do paracetamol syrup. We don't need to go and buy a hand sanitizer, bleach, those petty petty medicines. I have – you are from Asitey?

I: No

R: No you said you were from

I: Yes I'm just coming from Asitey

R: We have burili ulcer case over there so I was working on their medicine. So, this one that's what I was doing. You know there are some medicines you will never get it from the market so the pharmacist so the pharmacist has to do the preparation, you have to do your calculation then you mix. We call it extenponious preparation. We use mortar and pestle, ceramic one and you mix it. All this thing can even generate income for us

I: Definitely

R: The facility so we are hoping that if insurance pays, FDA has given us what to do so as soon as they pay m sure we will fix the room so that we start all those things, we generate more income. If we are able to generate more income I know the staff to will be motivated one way or the other so we are waiting.

I: What could be done to improve on prevention and treatment for patients?

R: I think basically its education. We have to education then and it should be continuous. We should keep on hammering. Me I believe in prevention.

I: Than treatment?

R: Because as I sit here if two people come BOG will pay. If hundred people and the salary will be the same. They won't tell you that this month you took care of 1000 patients so I will be happy if my patients are healthy and are not coming so that at least I will rest small. Yes that's why we hammer on the patients education, we go on radio station, the public health unit department on outreaches, the district health assembly also do outreaches.

I: The next sets of questions are going to center on comHIP. Of course, the first part of it was a bit general but this one is going to take bout comHIP so you've already told me your role with comHIP unless of course there are other things you do that you haven't mention and you want to talk about

R: Basically, I receive the prescription from the prescribers then I also do my entries. So, my role is basically to receive the prescription then do my counselling then serve my patients.

I: Okay the training you've receive can you talk about it the level of training, the number of days, what you were trained on, whether it was sufficient

R: The number of days was sufficient. Its more or less like we were doing a recap, a recap of what we know and new information and what we need to do. Sometimes you do the counselling and you forget that its not only about the medicine. Pharmacy we are only about medicine, medicine, medicine but maybe if you add the nutritional aspect, the exercise and the everything, you will be able to help the patient. So the comHIP actually highlighted on that one. And when we came back the good thing is we didn't only use it for only the comHIP patients, almost all the patients.

I: Okay

R: When we went for the, I realized that I was like everything is one the medicine, medicine, medicine but the workshop we were able to know that at least if you add – the doctors will do it but sometimes they forget, to be honestly with you. The pressure they

I: The pressure is there

R: Yea so when they come to you, you also even they've done it you also hammer on it so that the patient will know that this information is vital. So the training there, duration and everything was okay. We were taught by knowledgeable people. I mean our resource team was just perfect. Yea you will see that they were into this project.

I: So how often do you have such training?

R: Hmm this year I don't know what is happen. It used to be every quarter. Every quarter we all meet. We all meet as a group and we discuss our challenges, our success stories. We share what we need to do but this year we haven't meet but it uses to be every quarter.

I: Okay so you were supposed to have meet in March?

R: Yes but our connection is off.

I: Okay

R: I called Debbi and she said its temporary off, they will get in touch with us very soon so we should hold on so like every quarter we meet.

I: So you think that the training was sufficient enough for you to fulfill your duties?

R: Yea very, very. The training is very, very sufficient. That one and we were taught by knowledgeable people. People who really are into HPT, that's hypertension.

I: Can you share your experiences with comHIP?

R: Okay basically I was able to improve upon my knowledge in care of my patients in general. I was able to – its more or less like you having confidence to face your patients and you sometimes we take things for granted like we don't let our patients know the real situation, this your condition like you have to let the patient know what is wrong with him or her. By doing that the patient will know that okay then it means I have to do this, I have to do that, I have to do this and comHIP has also help us to engage our patients more like we interact more than we use to. Initially it's like you do your counselling you get you're your feedback but now you interreact and how should I even – most of them are now your friends in a way because they will see you they will take to you but on the normal day they meant not even call you but because we were able to engage them more when they are coming to leave they know that – you know its like they now have confidence in us because I'm coming to hospital, I know that I'm coming to see this person, I'm coming to pharmacy, I'm coming to see this person so they are excited unlike the other patients, it's like I'm just coming to the hospital but with comHIP when they are coming they tell you come and see Fred, come and see Sonia so when they come they know that I'm coming to meet a particular person so im okay so they will tell you things that are even outside

I: Laughing

R: Do you get it? So more engagement with your client, we were able to improve upon our knowledge too and basically that's all.

I: What do you think are the biggest strength of comHIP?

R: Biggest?

I: Strength?

R: I think is the strength as compare to our general patient is the comHIP patients are well managed because they don't default. You know for them they have I think they have something on their phones. With comHIP their phones they have all their contacts so if I key in that I have supply this medicine, they is a software they will be reminding them, maybe every morning take your medicine and they have patients education to, that's the voice mail so something. We the - they will talk to you about your medications, your diet and everything and when you are almost due to hospital, to come for refill or review they will remind you. So for them its like they know, they are aware of what they are doing as compared to other patients that no body reminds them so even the hospital decided to adopt that strategy that now we will call our patients to remind them that your

I: Your next visit is due

R: Yea. ComHIP was doing that we realize the patients their BPs were well controlled so the hospital decided that we will also want to adopt that strategy so I think basically this are the strength

I: Okay what has been the challenges in implementing comHIP?

R: For okay initially when we came, people felt we were been bias. People felt we were been bias like as soon as the person comes im looking for bra Felix im look so Sonia and because its comHIP you come inside and like we will take care of you. Initially we felt because of comHIP the treatment was a little bit bias even though it was not supposed to be so. So during the quarterly meeting, we were sharing and basically it was not only atua, I think all the other facility was doing that and the resource people told us not to temper with the flow. We should allow it to flow just like the normal so like it was like initially

I: You were given me preferential treatment [laughing]

R: Now it also became a very, very big challenge but we were able to find a way out like especially if you are an elder. You know we have our protocols to there. Pharmacy is not like first to come, first serve. Our priority is the inpatient those at the wards, the aged, the physically challenge and those in uniform and kids under five. So if you are like and you fall in those categories like the aged, you will go faster.

I: Okay

R: That one to its also a big challenge because people will feel I came before this person and for comHIP the challenges is not even a challenge. Yea it's not even a challenge per say because it's like your normal role. You are just playing your normal role but this one it has been standardize. You are given people some data, you are monitoring so with comHIP I can monitor my patients but with other people unless you go back to their folders and then check. So comHIP the challenge is not – I don't see it as a challenge per say.

I: Okay so how different is it from what existed for hypertension in Ghana?

R: It's basically the same. The only difference is now if I check your BP and i enter the readings we have a physician on the project who is able to know that no, this patient is, do this for the patient, do that for the patient. You don't wait for someone to alert you on that because there are physician on the project who if you send them information at any time they will give ou feedback as soon as possible, that's the only difference. You are able to get prompt response as compare you know when you come to the OPD you pass through a lot of processes but if you see a CVD nurse and you are at high risk, as soon as you slot in your information, the physician on the project will tell you do this, do that for the patient

I: Okay

R: So the prompt response is the only difference but the process the medicine and everything

I: They are the same

R: They are the same

I: Okay will you say its better or?

R: Its better, its better. You are able to receive prompt attention that's what all the patients want. If im able to receive prompt attention I'm okay.

I: Have you found the tablets very useful?

R: The tablets, its okay its very useful. Its very very useful

I: Ay challenges with it?

R: No the challenges

I: Except for the data

R: Except for the data o no. if you want to be honest, if in all honesty the data is more than enough unless maybe you want to be dishonest and you tell them the – as for the data, even looking at the workload and the data, it is enough but you know to be honest with you you will also try and be searching things online and for us, we don't use it – we are not supposed to use it for those purposes so if you use it for such purposes it's at your own risks. You can't come back and tell them – as for the data its enough and here we are lucky we have internet access.

I: Okay

R: So if you want to do something instead of using the tablet, I will just come here and I will just browse. I can browse till – this one its not limit to anything so for the data and everything its enough

I: Do you think that the program is successful in increasing awareness of hypertension in Ghana?

R: Yes, yes very even the world hypertension day we had a program on odumase area. The response was okay the response was very very okay its o think its okay and now we are able to get people. There are a lot of people in the community they don't even know they are hypertensive but now if you come to the CVD nurse, at the pharmacy they will just check your BP and give you your readings but the CVD nurse goes beyond just giving you your readings. If she input your data or your information and she needs to do something, she will get the information as to what to do but if you come to the pharmacy they meant only give you your readings.

I: And do you also think that it's been successful in accessing control of hypertension?

R: Yes of course that's what I said. Most of the patients I've seen I don't have the data unfortunately but most of the patient - the last meeting we went, the data they had shown that most of them on comHIP was well controlled from the data they shown us which me I was expecting it because now you know your appointment date, you don't forget your medication because there is your mobile phone

I: There is a text message the voice messages

R: And even if you forget something will remind you so I was expecting to see that data so I wasn't surprise to see that most of the people on comHIP were well controlled.

I: So do you think that the text messages has done the magic? They've been very useful?

R: Yes, they've been very useful. I'm 100% sure because at least most people will forget. You know with chronic cases because they are use to taking it sometimes they forget themselves but at least if you have a reminder you will be able to know that at this point in time I have to take my medication. Even there is a staff here the husband is part of the - he is just around and he is okay. I have been asking him

I: I was going to ask you so do you get patients telling you that they are very useful

R: The wife works here so like for them im able to talk to him more often

I: But no patient has complained about like having problem or any troubles with the messages?

R: Yes the only complain I had was he said the messages are good. Even when you forget it reminds you but it gets to a time it becomes too much [both laughing] but unfortunate for me as a person on the project I don't have access to those messages. I don't know how often it comes and I don't want to probe too much because I feel if I probe too much I will be encouraging him to accept the fact that its too much so I will tell tou that at the end of the day you are useful to them that's why they keep sending you the message just to remind you that you need to do this so that at least your BP will be well controlled. So I was about to say that our next meeting I will tell Debie and Rhena that of maybe – I don't know if maybe they will have a number of messages they will send to a patient if maybe in a day, maybe you will send two or three messages how they will vary. That's one thing I said maybe if we are able to meet I will found out from her

I: Okay have any patients been unhappy been enrolled on the program?

R: For now, I'm yet to. The only I had was a CVD nurse refer a patient here, she didn't do a follow up, she didn't call anybody. The person- you know the prescribers don't delay them up there because they said if they do that they meant forget them so normally when you come we make records aware of the project. OPD they know because we realize that if we don't take care we will loss them so we spoke to the head of record about the project which is aware, OPD. So one patient came, he didn't tell us anything he just and said nurse said I should come so they thought normal so he went through everything so when he came here and I was asking him and he said oo maame nurse told me to come here. So when I probe further I realize it was comHIP so I ask for the card so when he give me the card then I said lets go back so he was not too happy so he was frustrated that he thought the way he told the way auntie nurse said he should come when he comes doctor

I: Will attend to him but he went to records, he join the queue he went through everything. The one who even took care of him was not on the project. The person didn't know so I have to take him back to see Doctor Dankwa then we started so he was a bit frustrated. He saw the process to be too long but I was able to tell him that its because he didn't tell them that he is from the comHIP project that's why he delayed so next time.

R: Is the project appropriate in this district?

I: Very very

R: We have a lot of – you should have come on Thursday and you will see the number of patients – now it's the number one as, you know here it's the HIV/AIDS related issue then the cardiovascular conditions. Now it is the major one of the major challenges we face here. Now it is no more malaria and those things the cardiovascular conditions are a lot here so it is very, very important and even currently one there is also GAAP, i don't know Whether you know about them, Ghana Access and Affordable Project. They are also doing the same project but theirs is a bit different from FHI that's the comHIP. Theirs they are looking at the innovatals medicines, innovatals medicine alone but FHI is for just general but they are just looking

at giving the patients how the innovative medicine can control the blood pressure of their BP for our patients.

I: In your opinion has this program had an impact on other existing programs?

R: For existing programs that one I'm not sure but the impact ones the hospital want to adapt that phone in and now the clinical care coordinator realize that all the issues we are having all those who come with cardiovascular complications, they are the people who have defaulted so now that's why we insist that you come on your clinic day. At first when you come on Saturday we will give you your medication but she said all the – the one we went at afrikiko, how should I put it the meeting we had, all those who were not defaulting where well controlled so it means we have to adapt to that system so indirectly we took it from so now we give you a date that come on this date. If you don't come and you default we won't give you your full medication. At first we were just been liberal but when we realize that those who are discipline those who come on their date, their BP are well controlled we decide to adapt that onto

I: Okay has the program had any effect on your workload?

R: Workload, no the only – comHIP it is – we don't see it as workload anyway. I don't know with other people because if you are busy, after work what I do is that I take my A4 sheet so when you come I just write your FHI number and then your medication so I don't do my entries here because of the workload so after work when I go home or maybe around five I will come and sit here then I will do my input. I don't see it as any big deal because it won't take

I: But doesn't that overwork you? When you are done with your normal duties and you come back to sit?

R: Oh this one I can just be here like this then I will just be entering. Sonia needs to be here. At first when we went to the workshop we were thinking it will be like documentation something plenty but just your tablet you key in, at your free time you can do. The only challenge is you missing the client. Sometimes to the prescribers will not tell you. If you don't know the patients because be I know some, most of them but there are some people honestly, I don't know so if the prescribers don't tell you, you might miss them and my people too are aware. They know the comHIP and so when I'm not there they will take the prescription and keep it for me. If I'm not there they will give it to Sonia so everybody is aware that even though they are not part they are aware that this is what they are doing.

I: So, there is been instance you've miss some patients?

R: No that one no. some maybe after two weeks a prescribers will tell you, I have been calling you to inform you a patient will be coming but I've forgotten. And you will realize that, that time you didn't see any patients then it means you've miss that patient. But apart from doctor dakwa that you will hardly miss a patient the rest – for doctor dakwa she will call you fred this patient is coming but for the rest I don't know. I don't know what's happening but

I: So we are almost coming to the close of the interview. How has it impact you as a person?

R: As a person now I'm more concern like I use to but now I'm more concern and active when it come to the handling the patient. Yea I participant actively because I realize that when the patient becomes your friend it helps a lot and I've improve on my knowledge in patient counselling and it's not about drug, you will be given medication, go and take it, one daily, twice daily. Its holistic you need to look at the whole aspect of managing the patient. It's not only about the medicine, the exercise, the diet, everything and if

you are able to engage the patient more your patient is able to tell you everything. There are some people if you look at their faces you will feel but when you engage them more they are able to tell you things that you meant not even know that they do so base on that you realize that this is where the problem is coming from. And now I have a lot of friends. Seriously even though but it's okay

I: You don't have a choice

R: They can worry you sometime but and also, I have also been able to improve upon my knowledge in hypertension and now I'm more involve in patient counselling. Now I know my patients, it's good to know your patients, we know them, we are able to handle them very well

I: So if comHIP is to be implemented in another region or district what will you suggest they do differently?

R: I think it's a very good project and the participants; we really need to talk to them. We should know what we want to achieve and comHIP shouldn't be like it for FHI. I think the participant need to know that it's what you do, we want to improve upon what you already do, it's not as it's for some people. Okay at the end of the day these patients they are our patients and now those who were referred here are now our clients. They are paying for their services indirectly. So the project should be I think we should own it the various facility should own the project so that we will see it as our project and not FHI. If we are able to see that this project is yours I mean you are able to sacrifice and work towards it so what we will be able to have a very good success with it but if you see it has its for FHI. Someone made a funny comment, this they will finish very soon. When they finish then I will take the tablet. You see but I realize that we should own the project it should be for us. At the end of the day we are teasing out something we are learning something. Now we are strict on today is your appointment day when you don't come they will give it to others so next time you will come because those who come on their appointment dates are well manage. So I think the facility should own the project so that it will help in achieving a high success rate. That is the trick, that will do the trick.

I: Are you aware of any existing program in the control of hypertension in Ghana?

R: In our facility, we are doing GAAP, That is Ghana Access Affordability Project

I: Tailored towards hypertension?

R: Yes hypertension. Initially it was hypertension and diabetes and later they say we should do only hypertension. But for that project they are looking at let say the innovator brands. Let's say if you reduce it, we have I think they've categories it into two groups of people. We have people who are given the actual value of the innovator medicine that's the original medicines, the actual price and we have those who have been given the deferential price that's the reduce price so what the project seek to do is that at the end of the project we want to know how many people were able to afford the actual market value of the product and those who couldn't afford and they will see whether is they reduce the price of this innovator medicines more people will be able to afford and see whether those medicines has impact in controlling the hypertension of the patient with we are also doing well. I think we are doing it with Akomfo Anokye, I don't know whether Korle bu came on board, tamale teaching hospital, kings medical center, Agogo hospital, a lot or research site. If you have come yesterday you could have seen them.

I: I'm sure I've miss a lot of things yesterday.

R: How clinic days are if you want hypertension it Tuesdays and Thursdays for that one if you come 80% of the client sitting there are

I: Hypertensive

R: So you will appreciate the number of people you are dealing with

I: So roughly how many people are enrolled unto the program?

R: The FHI?

I: Yea

R: This one I cant tell you for now but this one unless I count which I don't know and even if I count I could emake mistake because Sonia also has hers. I normally use the signatures but this one I can't but I use the signature to so I divide by two so I know the total number of patients I have enter so Sonia to the same

I: Okay

R: But when we go for our meetings they show. My number is 03 so they will say maybe number 03

I: These are your client

R: And Sonia to she is 04 so we are able to know from there

I: So finally finally we have come to the end of the interview but because I close finally are there any other thought you want to share. Something probable I have not ask you but you will want to share with us

R: Basically, we've discuss everything and I think the quarterly meetings help and I will wish that when we meet it shouldn't only be on let say what they do is that pharmacies like those in the various pharmacy we meet and the prescribers also meet.

I: Separately?

R: Yea but not always but most at times that's what happens and sometimes you will realize that I will say something oo I miss a patient because when they send the patients they didn't tell the patient to come and see me, the patient too didn't say anything. She passes through the system. Maybe the prescriber too will say something different but at least when we are able to meet under one umbrella, you get to

I: You guys will be able to know where the loopholes are

R: Where the loopholes are because I will say something and maybe when the prescribers also come, they say oo the prescribers said this and that and maybe I was not there when they were saying it to also give my, now I also give you my side the prescribers didn't hear mine or maybe I will tell my problem, maybe you will tell the prescriber, I didn't get his answer. Rarely on some occasion that Rhena or Dedie will tell you that they said this and that but maybe if we meet under one umbrella to it helps. So basically, we should own the project, I think that one will do the trick, it should be ours so that we won't see it us FHI thing but something for the hospital.

I: Thank you very much, its been wonderful having a chat with you

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_009

Main interviews

I: Okay so ones again good afternoon

R: Afternoon

I: So, like I said earlier we are here to interview you on the comHIP project. It's an evaluation of the project we want to know how the project is fairing, what your experiences are with the project, what the project has done which is different from what existed in Ghana before because I'm sure that you were managing hypertension before comHIP so we will try compare what existed before and comHIP and then we will try and see the success the failures, where the project hasn't done well, suggestion for improvement and any other thing that there will be the need to discuss

R: Okay

I: So please can you please tell me your role, as in your role in this facility?

R: Im an enrolled nurse

I: Okay and what do you do as an enrolled nurse?

R: As a clinical nurse I treat minor illness, do consulting and give medicines

I: Okay so some of the minor illnesses like

R: I treat respiratory infection, malaria, diarrhea, skin infection

I: Okay and then please I can you please tell me how you organize your services?

R: When the patient come, they will pass through OPD then I will check their vitals, temperature, weight and stuff then I will ask what is going on, their complains then I will diagnose them and give them the medicine. If its beyond then I refer

I: Can I sit?

R: Yes

I: Okay Im listening

R: Then I refer

I: Otherwise you manage it here in the facility

R: Yes I manage it. If its beyond my level then I refer

I: Okay so we continue. Can you also describe the other health care professionals you work with?

R: That I have worked if?

I: That you work with here

R: The community health nurses

I: How many of them do you have?

R: We have three, they do the CWC, that's child welfare clinic and family planning. They do home visits, educate the mothers about their children health, the nutrition aspect and other stuff

I: Are they the only category of staff you have here

R: Yes, and a Midwife, one midwife here

I: Okay

R: She does antenatal and

I: You are the only enrolled nurse

R: Yes, for now

I: For now, okay. Please how do you diagnose hypertension? What are the key steps?

R: Hypertension, when the person comes and I check the BP, instantly I can't diagnose. If the BP is high I will just ask the person if you are on BP medication. If the person says no, that very day I will check it for three times. I will let her go and come another two weeks then through the two occasions we will turn all together. If its high them I refer to a physician. If its moderate

I: Okay but then Before comHIP

R: Before comHIP, before comHIP I was at kpong health center so we don't diagnose hypertension there unless the physician assistant is there. If not, for me, I can't diagnose but if the person is a known hypertensive and the drug is finish we were having the drugs there so I can prescribe it for

I: Okay so like you've describe the steps that are involve in diagnosing on comHIP is to check three times and if I heard you right and if I heard you right you were talking about some mild and

R: moderate

I: moderate can you please explain what that means

R: for mild if its mild I can give treatment like I will start with Bendro or aminodipin but if it is severe, from 140/90, for that one I will refer to the physician.

I: Okay so at what point will you say that this patient is mild or moderate?

R: We will compare the two that we check first day, the three time we check, the second time, when you enter it onto the tablet, it will give you the result if it is moderate, severe or mild.

I: Okay so how do you also treat hypertension patients. What treatment do they take?

R: Their normal BP drugs. Aside that we manage them we take them through counselling about their eating habit, lifestyle and

I: So their eating habit and specifically what

R: You will educate the person not to take in too much salt, fatty food, he should reduce it and eat on time. He shouldn't eat late.

I: So how does eating late affect or how do you become hypertensive when you eat late

R: Let say if by seven o'clock six o'clock now you are eating you're your fufu and your cow meat with plenty oil on the soup, it won't digest before you sleep and the oil too it will block the vein, it will not let the blood flow through it as it is.

I: Okay and the exercise to?

R: The exercise to it reduce weight, it reduces your weight. If you are too obese you can get hypertension and when you exercise to the blood can flow through your veins as it should

I: Okay so I don't know whether this is – im right or wrong, is it all hypertension patients who are obese

R: No, and some to is hereditary, some to is hereditary and its age, aging factor to and when you stress yourself to

I: You can be hypertensive, okay. So ones a patient has been diagnose what is the preventive information that is provided?

R: Prevention information?

I: Yes

R: The moment you are diagnose you will be put on drug so the best thing is take your drugs according to time that you should take and the life time habit that I said that you should limit your salt intake, fatty food, if you take alcohol you should stop, smoking and all that.

I: So you educate them on their lifestyle?

R: Yes

I: And then how is prevention organize at this facility? This is a primary health care center, right?

R: Yes

I: So how do you organize prevention

R: On HPT?

I: Not necessarily that but in patients care how do you organize prevention?

R: Prevention, that's what I said the community health nurse they do go o home visit so they do educate them and here when you pass through the OPD, they do that.

I: And how do you coordinate this prevention with other organizations?

R: Some of the time they will organize a durbar with the community then they will create awareness

I: Okay but do you get to do some with some other health promotion agencies

R: Yes especially the community health, they do

I: Okay but you don't have other agencies around apart from the community?

R: No im not saying about the community. For the community health – okay yes they do have, they have

I: What are some of these agencies?

R: For that one unless the community health nurses.

I: Okay. Alright so the next set of questions will tackle treatment. Could you please explain to me the steps that a patient follow when they come to you and you suspect hypertension or another CVD? can you describe the steps that you follow when you suspect hypertension or any other CVD condition.

R: When I suspect, the very first day you will check the B for the person three times then you will let her come another two weeks time then you will check it for the person. Then the tablet will upgrade it for you. Sometime the very first day that you will check it, the figures will be high. Maybe the person is hypertensive he or she has stop taking the medicine. So that very moment if he it is very sever I will just rere. I will not wait for next two weeks, I will just refer but if its moderate, I will let you come for another two weeks' time. After checking it for another three weeks' time then it will upgrade then we will give you medicine

I: Okay so for other cardiovascular disease to how do you approach that?

R: Here?

I: Yes, if you suspect someone with diabetes, HIV?

R: We refer

I: You refer them to, okay. So can you – have there been examples of, have you found patients with two or more CVD? A patient who is hypertensive, who ha HIV, who is diabetic, have you had contact with such patients?

R: No

I: Not in this facility?

R: Yes

I: Okay and then how is care coordinated with the rest of the team you work with?

R: Okay the rest of the team?

I: The people you work with here, how do you coordinate care with the patients in mind?

R: Maybe we discuss. If there is something that I can't I will just discuss with my colleague, this is what is going on, what are we supposed to do

I: Okay so which of your colleague do you normally do that with because you are the only enrolled nurse here?

R: Especially with the midwife and if its hypertension the midwife and another CVD nurse, sister Rose

I: But how do you coordinate to with the referral point, if the person come and you think it's beyond your level and you refer, what follow up measure do you have to make sure care is given to that patient?

R: The referral when you are going we take your contact or nearest relative so we will call and find out if you were able to go or not. If you were not able to go what are the reason why. Even some of the cases the midwife herself will take a car and then she will go with them

I: Okay so what happens to people you refer and they don't go because I was hoping that there is a channel of information from primary level before the patient get to the secondary level. Probably someone is aware of the patents coming, you understand what I'm trying to say? So the channel of information how does it flow especially with hypertension?

R: Hypertension, we call the doctor, the doctor that we refer the person to we have their contact so doctor, what time will you be at work? As in soso and so is coming to see you so which consulting room are you? Then he say let her come today or tomorrow and some of the hypertension cases, sometime I do follow them to the hospital

I: Okay what are the things that work well for you in terms of care? Everything is about healthcare so what thing are working well for you as a facility

R: For this community, nothing is working for me especially with my comHIP, my client, it got to a time I've been going to their house and when they see me then they start laughing. You will call and call and call, especially this community, I don't know. They will not come, they won't and they are not coming, they are not coming. They are not in supportive of – I don't know.

I: What reasons do they give for not coming?

R: They will not give any reason. Oo auntie nurse I will come, oo tomorrow I will come, oo my health insurance has expired, they won't come. I travelled, oo soso and so was sick so i went. They will not come

I: Okay but with other treatment, not hypertension what are some of the thing that are working

R: O for that one, everything is going on well, everything is going on well. Just that for the patient you won't get it pepepe as you want

I: So what are things that you are not getting pepepe as you want

R: For instance, we are under kpong health center and kpong and here are one. The medicine that they give there we give here so we always talk to them when you are sick don't move from quarters to kpong yet they will go. Even some of the people kraa they will come, o have you been to ayikpala beore, oo ayikpala and here are one so from today henceforth are you coming? O I will come here, go for my folder. We go and bring their particulars here, they will go back to Ayikpala again

I: What is there that makes them go there?

R: I don't know. I don't know if here, they've let us stop given antibiotics, just the antibiotics

I: That the reason they go all the way to the place

R: I don't know, my sister, I cant tell

I: Okay

R: Okay but for comHIP dier they are disturbing us

I: [laughing]

R: It's true because we don't know what to tell them again, we don't know what to do them again. And now most of the client have known the drugs they are taking. They will keep the box, when it is finish they will go to the LCS and buy.

I: So, they don't even come on their next visit?

R: Sister, don't talk, they won't come

I: So, in all this how can care be coordinated better in your view?

R: They need spiritual, its spiritual they need – we pray for them

I: [laughing]

R: Because sister, your health, you your health is my concern but for her or he, it is not her concern. And we've told them what through hypertension what they can get, stroke and ulcer but it seems they don't care

I: Is it that there is a communication barrier somewhere?

R: O no, communication? If it is Ewe sister rose can speak Ewe, if it is Ga the midwife too speaks Ga and one Twi people even can speak dangbe. Even two of them can speak dangbe so if it is language barrier, it is not language barrier.

I: It is just an attitudinal thing

R: Yes, it is not a language barrier. It is not because if I compare here with other CHPS compound,

I: Okay so lets move on. We want to talk about the clinical guideline that exist for hypertension in the Ghana health service

R: What?

I: Clinical guidelines that exist for hypertension, Ghana health service clinical guidelines. So, what guideline do you know that exist in Ghana for hypertension?

R: Guidelines that exist? Is it not given of the drugs?

I: Sorry?

R: Getting out their medication and educating them when they come to the consulting room

I: Okay so that was what existed before comHIP

R: Yes

I: Okay do you have an idea how they are developed?

R: For that one I can't

I: Okay do in your view are those guidelines are they useful or were they useful?

R: Somehow

I: Okay what if you say somehow it means that it got it own?

R: It wasn't useful for me because awareness was not – there wasn't any awareness but before comHIP we create awareness. We do stuff, they buy and

I: Okay so but before then

R: They was no awareness

I: Okay and what could be some of the barriers to implementing the guidelines

R: Maybe health insurance issues, health insurances issue, financial issues

I: Financial issues. Okay so now im sure you have even spoken about your relationship with your patients but the set of questions will dwell on that. Can you tell me about your interaction with clients, challenges to effective communication if there are any? How is your interaction with the patient?

R: The interaction, all is about the language barrier. For me I can't speak the EWE and the krobo so when it happens I do handle them to sister Rose

I: Okay so enable to communicate with them

R: Yes, but those who can speak Ga, Akan or English I do communicate with them.

I: What do you think about them if I speak twi at least the patients or your client who speak twi and speak English what is your view on your interaction with them?

R: Hmmm

I: Do you think you communicate with them effectively?

R: Yes

I: And you think they really understand what you tell them?

R: Yes because after everything I will just ask you what we discussed do you understand? if you have any question ask and also if you don't understand anything ask.

I: Okay What do you think are some of the key challenges to adherence to treatment in your own experience? Probably they have shared a few of them with you.

R: Hmm some said for that one I thought it was a shortage of drugs. Some said madam kraa when we spend money TnT to the hospital they prescribe medicine for them to buy. So when it gets finished I won't go there again I will just to the pharmacy to buy. And then I tell them not to do that at least the doctor has to see you to change the medicine if he has to.

I: Aside that is financial issue not a problem to some of them?

R: Financial issue? Most of the anti-hypertension drugs are under health insurance so it might be transport fares to the hospital.

I: Don't they complain about the quantity of the drugs they have to take? Sometimes you see yourself taking four or more drugs at a go and you get scared so you are not even encouraged to take your medication. Is that a problem?

R: No. Nobody has complained to me before.

I: So what are some the areas you think to could be done more to inform the patients?

R: Inform them of taking the drugs?

I: No, inform them of health education. Areas you think they can be really informed about?

R: To organize a community durbar and radio station programs as we have been doing and what the communications department do and when they pass through OPD we can talk about hypertension to them.

I: But you know you don't do that currently?

R: We are doing that currently

I: Even for other patients who are not hypertensive?

R: Yes especially if you are grown up I will tell you to check your BP once in a while not when you have the problem.

I: We move on the the health system issues what areas do you think work well in your system regarding NCDs or hypertension?

R: The ANC and OPD

I: But for hypertension and NCDs?

R: It is not working well because the clients are not helping us.

I: Do you think all patients have access to health care in Ghana?

R: Ghana? The people who are in typical villages only have access when the community health nurses go there for CWC before they have talks with them. If not unless it is an emergency before they are rushed to the hospital.

I: What areas could be improve to make your work more easier and more enjoyable? In the health system what areas could be improve?

R: Hmmm the areas for this community?

I: Yea

R: For us we thought of maybe they don't know there is a clinic here so we thought of bringing up a sign post to direct them that we have a clinic here

I: Okay

R: And apart from that I don't know anything because every week Monday to Friday even at least three times in a week the community members there do go for home visit so most of them know that there is a clinic here so I don't know.

I: Okay is funding not a problem?

R: Funding. Hmm from here to here

I: No as in you the facility, the high system, your facility. Not necessarily for the community members but to make your work more efficient, more enjoyable where you come to work and you are comfortable to work. Is funding not an issue for you?

R: It is an issue

I: What about facility? Is your facility in good conditions?

R: No, let me lock you up for five minutes and you will see your dress will be wet

I: [Laughing] Okay what about your information systems?

R: Communication systems as in?

I: How you get your information to the community members?

R: We have volunteers so we do pass information through them or they've created community – ive forgotten the name, we have elders and once a while they do organize I meeting and discuss what's going on

I: Okay what about human resource, are you in enough? The human resource here are they enough compared to the number of patients you manage in a day? You are in enough so its not a challenge?

R: No

I: Okay what could be done to improve prevention and treatment for patients?

R: What could ne don't to prevent

I: To improve prevention and treatment

R: Health education

I: Okay, that will that?

R: Yea

I: Okay the next set of questions will dwell on the intervention, the comHIP project and what is your role on the project?

R: I'm a CVD nurse

I: Okay

R: The LCS and the community members, the CHOs do screen and they refer them to us and then we also screen them again and if its within my range I give treatment, if not I refer and I do educate them to and

I do call them to ask of how they are faring, when they took the medicine, what is the improvement they are seeing.

I: Okay can you please tell me about the training. I'm sure before you started as a CVD nurse there was a training

R: Yea

I: Can you tell me about the training, what did it cover, the length of the training, all of that? What was basically involve in the training

R: The training it was one week Monday to Friday, Monday to Saturday. It was all about hypertension, how we can manage and treat them.

I: Okay and do you think it was sufficient enough?

R: Very, it was sufficient

I: Okay how often do you do this training?

R: Before comHIP came?

I: No still with comHIP, how often do you train?

R: After the main training, every three months we go for knowledge sharing so if there is something that you don't get it, we all bring it out and we share ideas.

I: Okay so that's what you basically do at knowledge sharing?

R: Yes, our challenges our success

I: Okay do you feel that you have sufficient training to fulfil your duties?

R: Yes, we've got enough

I: Can you talk a bit about your experience with comHIP in the program?

R: In the program

I: How long have you been on it?

R: One year three month

I: And for one year three month what has been your experience?

R: I've been able to like within my community I have been able to educate them and advise them about hypertension and because of knowledge sharing and through the work if you don't understand something you can call your colleagues or either sister Rhena and stuff and they will tell you so through that I have gotten more idea on hypertension. At first all I know is the person will come with BP drugs if we have we just prescribe it for the person

I: But now you've broadened your knowledge

R: Yes

I: What do you think are the biggest strength of comHIP?

R: Biggest strength, for me they let you have the interest to do the work because if not because of the client their stubbornness there is no though sometimes its stressful, we manage it because compare comHIP with my clinical work, at first I wasn't doing it. it was only just my clinical work till when comHIP came

I: How does ComHIP get you to be interested in what you do?

R: At least they've given us phone with credit. When there is something you don't understand you just call. If it were to be my own phone maybe I don't have credit on it. So I will just let the person go I don't have credit on it but this we have credit and they've given us soo many thing you can compare if something is, you are not getting something.

I: Okay so what have you found to be the greatest challenge in the implementation of the program

R: The greatest challenge?

I: Nothing? Your clients are not your challenges

R: Oo for them, for them they are

I: [laughing] how was it different, comHIP how was it different from what existed in Ghana. How different is it from comHIP?

R: ComHIP at least they create awareness. For that one there they create awareness but for the nation as its ones a while, ones a year is a world hypertension day and most of them don't know what is hypertension. Or that they know is modza mrosu modza mrosu and modza mrosu what is the modza mrosu they don't know but when comHIP came at least within lower manya when you ask someone what is hypertension the person can be able to tell you.

I: Okay so do you think that its better

R: Yes, its better

I: How is it better

R: Its better because at least – its better because at first when you ask the person doctor said modza mrosu so I should take this medication but with comHIP after we have made you to see the doctor we will call you and also, we will remind you so its good

I: How have you found the use of tablet, the tablet whiles conduct the program have you had any challenges?

R: No at first it was some stubborn ODK that was disturbing us but

I: What is an ODK

R: I don't know it was a virus on it. When after screening you will sink it to server you want to go to the saved document to check something you won't get it back and apart from that since is it about a month ago we don't have network for internet access and now kraa you can't make a call and we've learnt it's a problem with it so they are doing it.

I: And then do you think that the program is successful in increasing awareness of hypertension in Ghana?

R: In Ghana comHIP I learnt it's in only in lower manya

I: But not in Ghana. For lower manya you can say it really created awareness

R: Yes

I: And then what about its success in controlling hypertension. Do you think the program has been successful in controlling hypertension?

R: Yes

I: Why

R: Because we very stubborn client but for our communities

I: But how do you do that

R: How do I do

I: How do you do that

R: I have been discussing with my other colleagues that if their client – sometime I will go and meet them they are waiting with their client but for me

I: [laughing] but your client so have you ask them what strategy they use to get their client

R: They said they've been calling them. Some of my client I was just telling – maame if you won't come I will write everything for you and the doctor will increase your drug and she will just laugh thinking if I say that she will come

I: But they still not coming. Okay so do you think that the program is appropriate in the district

R: Yes

I: Why?

R: Is appropriate yes because – what do I say, what do I say. No organization has organized this before and for the creating awareness to its good, it has help.

I: Okay

R: Because most of the radio stations when they come they do come and sell their product and leave at least we do educate them.

I: Can you give me an example of an instance where one of your participant was unhappy with their participation in the program?

R: Can i?

I: Have you had an example or have you had participant who were at a point in time unhappy about their participation in the program?

R: Unhappy, no

I: Nobody has express that at a point I'm not happy been involved in the program due to one or two

R: They haven't tell me anything but if for their attitude dier fine but for their attitude is not that they are not taking the drug. They've been buying it outside

I: So, the only problem they have is to come to the facility

R: Yes, wait for about ten minutes before I check your BP, I don't know. I don't know because is it last month, we had a client, ever since we gave her the adult health card, we screen her she has never, never until she collapses. They rush her here. After that we ask her why, I was don't herbal medicine.

I: And so, the herbal medicine was for treating the hypertension?

R: That's what they are saying for me I don't know. I don't know for them and when you ask them what are the herbal they will mention plenty. So, if you are doing herbal medicine at least come and check. It free. One is just here, just this lady.

I: Okay but in your opinion with all these challenges, in your opinion are the text message or the voice message are they useful?

R: Yes

I: Can you give me an example?

R: It is useful because before we enroll you we explain everything to you and after enrollment we ask you. We want you to take your medicine we want you to remember everything, we want to call you, give you a text message what language should we use that will benefit you then they will tell us so if you've been getting a reminder every day to take your medicine and you will not take what else do you want us to do again

I: But haven't anybody had an issue with the text messages and voice messages

R: Some said it has been disturbing them, take your drug. I think the moment we sink with server they start giving the message.

I: Okay so some have complained about

R: Yea

I: In your opinion to has the program has an impact on another existing program?

R: Yes

I: Okay can you share that?

R: Because of comHIP even if the person is not part of it like we paste a poster in front of anybody can walk in madam I want to check my BP and it is free, I want to check my then we check it for the person.

I: Okay but has it also impacted on other services that you render as a facility? Can you give me a typical example?

R: At least we have our digital BP machine that we are using, it helps us a lot

I: Okay what effect had the comHIP program had on your workload?

R: What

I: [Laughing] what effect has it had on your workload?

R: What effect? At first when we started it was given us pressure by now it has reduced because when we started everybody was interested to but for now

I: Everybody was interest as in the patient, people were coming to check or

R: Yea everybody was interested to come and check the BP, I'm coming to see my nurse for if there is an improvement

I: So there is a lot of pressure

R: Yes, pressure and when they are being referred from the LCS and the community health members the person think the moment he get here you should stop whatever you are doing and attend to her.

I: Okay so do you think that you are is over working you?

R: Over working

I: Because of course you had your normal clinical duties and then comHIP add on. Do you sometime feel that it's over working you?

R: Yes

I: But has it also had an impact on you?

R: Impact, no

I: It doesn't had any impact on you

R: What I said at first at least it had broadened my mind

I: Okay so if comHIP is to be implemented in another district what will you suggest done differently

R: ComHIP in another district, as in?

I: Anything, the implementation, the process of attending to the patient, the treatment even the referral everything that happen on comHIP, will you want something changed, will you want something added on, will you want to even stock more drug than you were doing. Something you will love to change about the whole comHIP project?

R: For comHIP I done have any, for stocking of the medicine it's the facility. ComHIP doesn't provide us with medicine

I: Okay do you have an idea of any existing program to control and prevent hypertension: Ghana not comHIP

R: No

I: None? None that the region even have or the district has?

R: No

I: Okay we have almost in fact we have come to the end of the interview but before we finally sign off are there any thoughts you want to share, any experiences you want to share with us

R: About the program?

I: Yes, please okay so can you compare, okay did you start comHIP here or you started it at your other facility?

R: Here

I: So when you were there you were not on comHIP because I thought I heard you earlier saying that you were at kpong

R: Yes after the comHIP program workshop, there wasn't any enrolled nurse here so they added me to sister rose here. At least if she is on leave or she is not feeling well then

I: Okay so that's the reason you where move to this place?

R: Yes

I: Okay thank you very very much im very grateful

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – CVD NURSE

Audio Name: 110113_001

I: so good afternoon once again

R: good afternoon

I: and like I said my name is xxxx. It is an interview to evaluate the comhip project. So we want to know the extent of the project whether the project has been successful, your experiences with the project, your challenges with the project, what existed even before the comhip project because of course I know that before comhip you were testing for BP patients and you were treating BP patients. We will be asking questions relating to that and we just want to have an idea whether there is been improvement, whether the project has been effective and if not what can be done to improve upon the project so basically that's what we are going to be talking about this afternoon. So please my first question is can you please tell me about your role as a nurse?

R: I'm a midwife

I: You are a midwife. Okay please what are your roles?

R: I'm a midwife and then I sub municipal leader. As a leader I'm responsible for the CHPS under me and the nurses under me. I have two CHPS, the agormenya sub-municipal, I have yokpohuno and yokweno CHPS. So this what I do

I: Okay so as a midwife?

R: As a midwife I'm suppose to be doing antenatal but look at the place its to small and NHIS has not accredited this place. We don't fall into the criteria so we are not accredited so we are not doing AnC here but for postnatal when we go for outreach services, we do for those who delivered in the home and those who delivered at the hospital that are up to six weeks and they've not been to the hospital, we do for them. And then there to I do family planning for the clients.

I: Okay so what do you do for those who delivered in the house for postnatal?

R: When they come to outreach clinic we ask them questions and then we examine. You know we don't have couch at the outreach point so we only examine the mother and counsel her on personal hygiene, that's all.

I: Okay so you don't do deliveries here?

R: No

I: Can you tell me how you organize your services?

R: Through home visit, then we inform them, we tell them the venue then they come. So basically most of the activity that we do is base on outreach services.

I: Okay so on a normal day?

R: On a normal day like let say today, today you know today is a market day so the nurses are in the market having their CWC, Child welfare clinic and I'm also here and those who come for family planning a see to them.

I: Can you please describe the other health care professionals you work with?

R: I have community health nurses

I: How many are they?

R: For the whole sub-municipal

I: The people you work with?

R: They are about thirteen, and then I have community health workers. They are also about nineteen.

I: How different are the community health workers from the first one. The first one is community health?

R: officer. The difference is, the community health officer being midwife or enrolled nurse or community health nurse, but because it is CHPS the concept is you are been oriented on CHPS concept then you will become a community health officer that you are stationed in a community. You work in the community, that's it. Whether it's a midwife or not, ones you are in CHPS, you are a community health officer but community health worker, we call them CHW, those in blue. They were trained to assist the community health officer in the communities and they also go and do home visit and then educate the people in the community.

I: so these are the only category of staff you have?

R: I have midwife and community health nurses and community health workers

I: How is hypertension diagnosed? What are the keys steps in diagnosing hypertension?

R: Okay you have to screen the person. After screening you confirm. After confirming when you do the screening then you give two weeks time for the person to come back. After the two weeks when the person comes and the BP is too high, there you will counsel the person and enroll the person, then you start. If the person is in high risk then you have to refer the person to managing by the hospital. If it is moderate then you are going to manage the client at this facility.

I: Okay can you explain to me what moderate is and what high risks it?

R: when we have some conditions on the - the questions that we ask them conditions like the target organ damages. Some questions that we ask them then the weight and the height, and then by the end of the day it will tell you that this person is a high risk. So when it's a high risk you have to refer. And some questions when you ask, at the end of the questions it will tell you that this person is at moderate risk. So with the moderate risk, you the CVD nurse will have to manage that person. You will manage for at least six month, nine month. If the condition is not improving then you have to refer to the hospital for further management.

I: Can you give me a typical question that will make you know that this person is in high risk and that person is not high risk?

R: Like if maybe the person is diabetic, that person definitely is a high risk

I: Okay so can I say people with two or more conditions are high risk?

R: Yes two or more conditions, yes they are high risk

I: But just with hypertension they are not high risk?

R: You are, you can be. Let say the weight and the BMI also make you high risk.

I: Okay so what treatment do hypertension patients take?

R: Their treatment, they take drugs. We give them channel droppers, co inhibitors and I've forgotten.

I: Okay so apart from the drug treatment; do they take any other form of treatment?

R: Yes when they are not feeling fine, they take other treatment. If they have malaria they can take other treatment in addition to the hypertension drugs.

I: They don't take any nutritional treatment?

R: Yes they do. They're diet and then exercise, those alcoholic we reduce it and then the other things

I: Okay, ones a patient has been diagnosed, what is the preventive information that is provided to that patient?

R: You look at the lifestyle of the person then you educate on that. You counsel the client on it base on the lifestyle and then also you teach them that it is important that they take their drugs everyday. What they normally do is after they take the drugs for sometime and the BP has normalized, they stop taking

the drugs. They feel they are okay but you educate them, you counsel them, you give them the advantages and the disadvantages of that, the reason why they shouldn't stop taking the drug, and with their lifestyle, maybe the person smokes. You will then try to counsel the person on how to reduce or stop it. You know you cannot ask the person to stop it immediately unless gradually the person stop. We talk about exercise because most of the time we don't do exercise. Exercise is not part of our daily activities so we talk about exercise, the diet and then most of us don't take fruit. We feel fruit is expensive so we don't take it. So we counsel them on all those things.

I: But are the information provided to the two categories different?

R: Yes

I: If I'm a high risk will my information be different from the moderate?

R: It will not but the different will be that if you don't educate them the one with the moderate risk can become a high risk if you don't counsel the person to adhere to what we are tell here, it can move from the moderate risk to the high risk. And then we also have someone with the high risk counseling and going through all that you've told her, she will become low risk or move from the high risk to moderate risks.

I: Okay so they are actually three categories?

R: Yes, we have low risk. The low risk that's what we say it's the normal one. So that people to you counsel them so that they will not come to the moderate risk or high risk.

I: I still want to get this; I have tested for BP severally and they say I'm normal but they never tell me that?

R: You should have asked them. You know BP we have the systolic and the diastolic. So we are saying that the normal BP should be 120 or less for the systolic and then 80 or less for the diastolic for the normal BP. But if its more than that, if the systolic is increase by 20 and then the diastolic by 10 then that person is hypertensive or something.

I: Thank you we move on. So how is prevention organized at the primary health care level?

R: Prevention is organize to create awareness and prevention of hypertension to the community members

I: Okay and do you sometimes organize and coordinate this with other organizations like health promotion agencies?

Health promotion agencies, no, but for the nurse, we have health promotion officers at the Ghana health service so like lower Manya health promotion officer and then the nurse we ourselves we organize the community durbars and other things then we give them the education.

I: So you don't coordinate with other agencies?

R: Sometimes NGOs, we have some NGOs who also come in and help in the education

I: Currently do you have some of such NGOs?

R: Currently we have the; you know comhip project they also come and we organize community durbars. So, we have them and we also have others advocacy agencies that help us to organize the communities activities. Then we also have the community members, the chief and the opinion leaders also help

I: Okay the next sets of questions will be on treatment. Could you explain to me the step that a patient follow when they come to you and you suspect hypertension or another CVD?

R: Me as a CVD nurse, my work is after confirm and enrolling and the person is a high risk, I have to refer to the clinician at the hospital. So from there after the clinician sees the client then the client will come to me every three month for management. But if I am managing the person to, every month I have to see the client and then manage him. So they come for management every month.

I: Okay but before comhip how were you managing your client?

R: Before comhip, in actual fact we don't manage it at that level unless maybe at a health center that they have physician assistant who manages and then they give drugs but for the midwife we are not suppose to give drugs. We only check the BP and then when we see that it is higher than normal then we refer you

to the clinician. From there, the client will come to us for anything again. It is manage at the hospital until when comhip came and then we also start managing BP patients.

I: But what about when you have patients with two or more conditions?

R: We refer

I: So how is care coordinated with the rest of the team that you work with?

Perfect, we don't have problem with the care with the other team. When they go to the hospital and the clinicians have problem they also call us and we follow up so for the coordination its perfect.

I: But when you are referring them from here do you contact the physician to say that I have this client coming to you?

R: Yes we contact the physician. In the first place you ask the client where she prefer to go since we have three hospitals here. So the client will tell you were she prefers. From there you have to call a physician at that facility so before se goes there with the referral; you know we have this record book that we give them, the adult card. We give them this one then we give them referral sheet also. So before they gets there, the clinician already have the information. So sometimes they also call you that the client have come and I've seen them. Maybe they gave them about four weeks to come so they also go there.

I: So what are the things that you feel work well?

R: With the comhip

I: Not necessarily, it could be any other, this is health care related

R: What works well was the coordination that before the client leaves your end the other person is aware. Before the client goes there whatever you told her, the doctor also tells her and she is aware and she knows that what you told her is the right thing see has to do

I: What about other conditions because it seems you've been working with hypertension

R: Other conditions like malaria and those things, yes. Here like I told you we don't have accreditation for insurance so we don't have drugs here. But what we can do with other conditions like malaria, we have the test kits that we can test you. When we test and you are positive then I will write the drugs for you and you will go and buy the malaria treatment. We also do HIV testing here so basically this is what we do and then we give immunization to the children

I: What have been your biggest challenge in providing care?

R: Ghana health service, they don't allow the drugs to come to you because they deal with them direct. The person is having hypertension, goes to the hospital; they are giving treatment over there. So they know that when my drug is finish I have to go to the hospital and during that time to it was not smooth. They go there and they give them the drugs, after taking it like I said earlier own they stop. They will be there over two month, three months before when they start having symptoms then they go back. So that's it. So before comhip we don't know much about what they do for them at the hospital

I: Okay so from what you describe will you say it was useful?

R: Comhip?

I: No before comhip

R: Before comhip, no

I: No it wasn't? Why?

R: why because like I told you the education was not there. Like before comhip we don't go out to give sensitization on hypertension. We only talk about the surface. If you are talking about something and there is a question that is asks then you explain but now we've gotten the insight about hypertension. It was not like that formally

I: How were they developed? The guidelines as at then do you have an idea how?

R: I don't know, I don't even know the guidelines. I have not seen them before

I: and do you have an idea of some of the things that were barriers to implementing those guidelines at the time?

R: No I don't.

I: Now we want to find out about your relationship with patients. Can you please tell me about your interaction with patients? What are changes with effective communication if there are any?

R: Well for me I can say – well I don't know, no one is perfect in anyway but I can say that all my client that I'm working with, with interaction and language barrier, I don't have them. So, I'm able to communicate with them so I don't have problem with my client.

I: So, what do you think are the key challenges to adherence to treatment in your own experience?

R: Adherence, that's what I have told you. Sometimes you ask them and they say I thought when the doctor gave me drugs and I'm okay then that's it. So that is their own challenge that they have. Because I don't know whether when they go there the counselling doesn't go well with them or I don't know whether its language challenges or something. You know hospital they are many but here it's one on one, so the time that I will have for them, at the hospital they will not get that time because they are many. So that's is their perception about not going.

I: so, what areas do you think could be done more to inform patients?

R: Areas to improve on, the counselling should be more effective. I can say at the higher level but for the lower level we don't have problem with communication with our clients. For us when they don't understand they come back and ask. Sometime to they call you on phone and ask you. Some even go to the hospital, the drugs that they are given when they don't understand they bring it here and we also tell them.

I: So, the higher level is where probable the problem is?

R: Yes

I: Now we want to move on to the next set of questions that will touch on health system issues, we want to know the health systems that are available, what exist and whether there are issues with it or not, so what areas do you think work well in your system regarding NCDs or hypertension?

R: The system is already there. I can say before the problem has been coming from we the health workers on NCD. That's what I told you that though we talk about it but we ourselves don't know how the whole thing is. So many be it's the gap that is there that we have to fill the gap. So now I can say with the help of comhip, we are able to fill the gap but I know we still have some gaps to fill.

I: But if you say the system was there what system was there for NCDs and hypertension?

R: like we give education alright on it. The system was there to give treatment available at the hospitals which patients go there and then they have so it's been there for long time even before comhip but what was not there was that, the education was not there. It was there alright but not in-depth so the person goes to the hospital and she is given the drug. She was sick and then she went and then she was given drug to take to cure her condition.

I: But was an aspect of it working well?

R: Yes, it was working

I: Which aspect will you say it's working?

R: The aspect is that clinicians are there for the client. Whenever they go there they will get what they need but they won't go. Most of them prefer going to the chemical shops to buy. you know, some people know they are hypertensive, they know their drugs or sometimes they even keep the box so when its finish they take the box to the chemical shop and go and buy it without knowing that she has to go back and the doctor will be seeing her because there are other things that can aggregate the BP.

I: Do you think that all patients have the same access to care in Ghana?

R: Yes, like I told you, lower manya alone, we have three hospital. We have other facilities, the health center and those things so at every corner. Apart from that we have CHPS centers everywhere in the community and even if the person doesn't understand anything, he has access to health facility that she can even go there and ask questions but you know they don't feel like going. They prefer to be in the house and other people will be tell them this your condition is this, take this thing and you will be okay and that's it.

I: What area could be improved to make your work easier and more enjoyable?

R: At least we should have a well-equipped facility whereby a person move even without getting trotro fare, they can easy walk in and access the health care and then go back but for now we are here without doing anything unless we go out. Because the facility is there we have the name but we don't have equip place to be managing client, so if we will get a place and the place is equipped and we can do everything at is needed.

I: Is funding a key issue?

R: No, funding now for the work, it's not issue. We have funding that we use for our daily activities in the community so for funding no problem

I: What about human resource?

R: Human resource yes, we have problem with it because apart from the CHPS they've also divided it into electoral area. For agormenya alone we have eight electoral areas which at least if you don't get, you should get 2 health workers, two nurses but most of the electoral area n Agormenya has one nurse. As I speak now two people, one is on leave, one is on maternity. Their place is vacant, they don't have nurse there so the nurse who is at her electoral area have to move to another person's place and you know for that it will not work effectively because she cannot spend all her time in someone's area whiles hers is there so for human resources it is a challenge but I know that when the nurses are posted to the places we will get, now they are not posted so that's why we are lacking.

I: and what about information system:

R: Information system, no problem. We have community information system in the various community, various electoral area. So we only go there and we give the information so for information, no problem. We also have a van that when we need any information we only get the van, you pay and they deliver.

I: and then access to care?

R: No problem

I: What could be done to improve prevention and treatment for patients?

R: Prevention is education so education is what we can intensify to improve the condition or to prevent some of the condition from coming. So, the key thing is education.

I: What about treatment?

R: You know if we talking about education, if you educate and the person doesn't fall sick, treatment doesn't come.

I: Okay our next set of questions will tackle comhip proper. We want to know the intervention. Im sure you have been in for some time, how long have you been in the project?

R: I will say one year plus

I: So, we will want you to share your experience with the project. So what's your role with the project?

R: I'm a CVD nurse

I: So, what are you expected to be doing?

R: My work as a CVD nurse is when a client is screened from maybe the LCS or the community health officer, then they will refer to me if the person is in my catchment area. The person will come and I will

also screen; that is I have to confirm what they did and then refer. So, after confirmation, you will go back and come in two week. After two weeks if the BP is still high I have to take the person through the project and then give consent form. If the person consent to it, then I will go ahead and enroll. After the enrollment, I will start the management. Like I told you, if I'm supposed to be managing the person on drugs then I will prescribe to the person to go to the community pharmacy, there are recognize so they go there and take their drug. In every month, they come back to me for management so this is what I do as a CVD nurse.

I: So, when the two weeks' time elapse before the person comes back, what does the person does? you just go there or you advice the person to do certain things before he/she comes back in two weeks?

R: What I will tell is to maybe educate on exercise and then diet before the two weeks. You know the BP has been with the person before that two weeks. So before he even came to you the BP was very high and he was not minding that he has BP. So the weeks like comhip will say will not do you anything. In actual fact some people when they come the way the BP is, maybe you are afraid that before the two weeks something meant have happen to that person so that person you must enroll the person straight away or someone who is a none hypertensive and have defaulted or something and when she comes and that person is a none hypertension, you go through the consent form and if she consented to then straight away you have to enroll and then you educate the person on the importance of taking the drugs and then other things that you will counsel on; the diet the exercise and those things.

I: Can you please tell me about the level of training you receive as part of been comhip?

R: I was trained on how to go about the process. After that we go there and do knowledge sharing so a whole lot of things

I: So how long was the training?

R: The training was for six days, yes six days.

I: Okay but if you can help me with just some aspect of the training that you remember?

R: I was train on how to manage hypertension and how to recognize target organ damages. You know formally the drugs, the BP drugs, I know we have a lot of them but we don't know the difference. We have channel blockers. When we take about channel blockers we know it's amlodipine, nifedipine and those

things. Initially I don't know, I also know the drugs alright but I don't know the categories in which they fall under but with comhip I know with this one is this

I: How often do you do training?

R: The initial training was six days but for every three month we go for knowledge sharing.

I: At knowledge sharing what do you do

R: Knowledge sharing, they ask about challenges and the way followed.

I: Do you feel that you have sufficient training to fulfilling your duties?

R: Yes

I: You don't feel deficient in anyway?

R: No

I: Can you talk about your experience in comhip program?

R: I have got a lot of experience from it. Last year world hypertension day the way it was celebrated, we did it here in the lower manya here. Everybody was involved. We involved everybody and you know our client everybody participated and the way they came out with their concerns, it was good. You know when you are managing someone like that and the person comes out and try to say something then it means that what you are telling the person the person understands it and he is moving according to what you advise on. Sometimes they even invite some of our clients during knowledge sharing so that they can also come out and tell us what they learn from the project. So they come and say the project is good. Sometime to when I don't understand anything, we have doctor luthrot also on the project. I remember I even call him about twice or so asking something that I didn't understand from some client and then he also gave me the answers that was very good.

I: What do you think are the biggest strength of comhip?

R: Strength like

I: Something that you will say this is very exceptional with comhip?

R: like giving us tablets, giving all the information on it and then the information from client. You know the messages that they give; the daily messages to client. That alone make them feel that the project is good because they receive daily and then also any language at all the person is able to hear from his or her own language. It is good because its not done in Ghana health service so its very very exceptional and then you know when you tell the person I want to take your particulars and put on this tablet. Also when the person say I want my voice message in the morning, by the time you are done with the person than the person will just receive a phone call and will say eii, the people have call me. So you will see that they are so happy and you are also happy. Sometimes they think we have been calling them. I even have a man who came here and said don't be wasting your credit calling me I will call you. I have not been calling you it's the project that has been calling. Then madam when you call don't also allow me to speak my mind so its very good and I like it. So it also alert them and they know that if they are calling me then next week your time is due to see your nurse. So you see, its informing them so through that they also follow the information. You know when they call them and they are not coming, when its over thirty days then you also have a message that this your client is also not coming so call the client to come. Some people immediately you call them, they come. Some also will say I have travelled and those things so the project is good.

I: So it monitors the activities that you do?

R: Yes

I: What have you found to be the greatest challenge in the implementation of the program?

R: Implementation, for me I didn't see any challenge in implementing the project.

I: It's been smooth for you?

R: Yes

I: so how is the program different from what existed in hypertension control in Ghana before?

R: Like I told you earlier you go to the hospital they tell you, you have BP and then also, what is exceptional is that when you go to the hospital, the moment they check your BP for you and its high you are put on BP drug before but now we've realize that even if the person is stress up and you check the BP the BP will be high or even if the person comes and you don't allow the person to rest for a while, you will get elevated BP but with this, even though we know when the person comes the person is suppose to rest for at least five minutes but because they are a lot of people in the queue. So when they come we only check it and then we go. And then also in the hospital, it is check for once but with this one within ten minutes. So you are checking both hands and you take the one that it is high but in the hospital it is only check for once. That once when you check it and it reads high then they say you have BP. But with this one, we check for three times and we give you the average. The average sometimes will not tell you that this person is hypertensive and then the two weeks to you realize that when the person come it might be that the initial one that the person came, maybe it might be some kind of stress or something that is why you had an elevated BP but subsequent one you will see that the BP will become normal. So I will say in the hospital we don't do this things so straight away the people are put on BP. It could happen that it is not everybody but because the BP was high the person was given I BP drug but with this one it gives time before you put the person on the drug.

I: So can I say that you are saying that is it better than what existed before?

R: Yes

I: How have you found the use of the tablet while conducting the program?

R: Initially we were having our own smartphone and those things but initially we had problems but after the training no problem.

I: So the use of the tablet has been very effective?

R: Yes

I: Okay do you think the program is successful in increasing awareness of hypertension in Ghana?

R: In Ghana, well I don't know. I cannot tell about the whole Ghana.

I: In lower manya

R: In lower manya, yes

I: Okay and do you think its been successful in increasing the control of hypertension?

R: it is because most of my clients that I see, according to them, even this morning, one came in and she said the way I feel for some time ago now I don't feel that way again. Now I've seen that now I'm getting better so the weight is reducing with the exercise and those things. That's what she told me then I said its good so she should continue.

I: do you think that the program is appropriate in the district?

R: It is, very

I: Why

R: You know the survey that they did, the baseline survey that they did, they realize that – you know they went to the hospital, they realize that if you take three people with hypertension, every month one dies or something. That means hypertension what a problem in this municipality before they came in. so now those who agree and they are constant on the project, you see themselves have seen that their BP is been manage well for them.

I: can you give an example of an instance where one of your participants was unhappy with their participation in the program?

R: Yes, one person said – you know the person offered to be for the voice message. So one said im tired of it so if they can change it to text message because she thought they are disturbing her with calling so we said its okay and we change it to message for her and she is now okay.

I: So the calling was becoming a bother?

R: Yes

I: But you will say generally, text messages and voice messages have been useful?

R: Its has been very useful

I: Has there been instances where patient have said its been very useful?

R: They said it because of this messages it has been prompting them that next week you have to see your nurse. Next two weeks you have to go to any LCS around your area and then check your BP so its useful to them.

I: In your opinion has the program had an impact on other existing programs?

R: No

I: Why do you say that?

R: You know what, it's the same work that we are doing. This is not a different work so it has had some impart but not that it has made some programs collapse or something.

I: But then have there been lessons you've learnt from this project that you have implemented in other project and vice versa?

R: We've not done any project here that I've known

I: Okay what effects have the comhip program had on your workload?

R: As for the workload, you know sometimes when you want to go to someplace then someone will come but you cannot send the person away. Maybe too you are not around to come and they are there waiting for you. But it is not a bother but when you come and you only know how to talk to them then they are okay. Sometime you want to do something than they are coming then you cannot do anything. Sometimes by the time you are done with them then its getting to one o clock then see that other work is there that you have to do before you leave office. But anyway its good.

I: But genuinely do you feel you are overloaded or you are overworking sometimes?

R: No, that one, nobody will feel that way

I: So how has it impact you?

R: For the impact I told you already, it has giving me insight like I told you. Comhip tried, they gave us guidelines on hypertension, and things that the person has to do but I don't read it often. We have plenty things to do so once a while when I go there then I read some portion. Sometimes we turn to forget do you go there and make some corrections.

I: Okay if comhip was to be implemented in another district what will you suggest they do different?

R: In another district what I will suggest is that, the way we are managing them I will suggest that it should be the same thing so that it will be uniform. I don't know if after the project they are going to close but we were told that it would continue. We are going to continue with it even if the project is over. So when we continue - because the people ask if the project is over what then or the next step. Are we going to tell them that they should stop coming because they are some people who are very regular that they always come. So when they come will we tell them that the project now is over, so we have to continue? So wen the project is been extended to another district then they should also do the same thing then if the person leave this place and maybe go to another district then the person will know that it is the same thing that is been done here, they is no different that the person will say this people are doing something different so I have to move from here and go to the other side.

I: But is drug dispensary a problem for you?

R: No it is not, but what they said was they don't want the clients to abuse the system. Initially we were told that they will give us drugs so that when they come we can also manage them here right here with the drug but it seems Ghana health service didn't agree with that because they say if it happens like that the people will stop going to the hospital, clinicians will not be seeing them and then they are going to abuse the system. That is why we are not allowed to dispense drugs at our places except that you have a physician assistant at the facility.

I: Do you have an idea what exist in the region or nationally, what program exist in prevention and treatment of hypertension?

R: No

I: I think we are almost done with our questions but before we finally close do you have any final words, anything you want to say that probable I haven't ask you?

R: No you've ask me everything

I: Okay so auntie Evelyn thank you very much, its been very informative

R: You welcome

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: 110116_002

I: Please good evening

R: Good evening

I: Please like I said earlier my name is XXXXXXXXX and we are from University of Ghana, school of public health and London school of hygiene and tropical medicine. We work with comHIP in regards to how you were enrolled concerning hypertension care. For now we want to know how the program is fairing and also your medication so that we can be able to know whether the project have been able to have impact in our locality or not. So all this we will like to discuss with you so we will like to ask you some few questions. So can you tell us a little about yourself, your name, work and your age?

R: okay thank you. My name is xxxxxx and I'm 37 years of age. I sell by the road side at Kpong. To me, the program is good because at first we thought it is scary and also doing the screening process you will be frighten with the outcome of the result which may also elevate your BP, But now we've got to know it's a good thing because it's the easiest. This because when you go to any drug store or chemical seller, you will be able to check and there is not to be afraid of.

I: okay so thank you. So you just said you have been working?

R: Yes

I: So what kind of work do you do?

R: Thank you. I'm a fishmonger and I fry gizzard by the road side so I'm always by the fire and also on the sun. So I always want to check because of the condition under which I work.

I: Okay, please can you tell me a little about your family and do you stay with them?

R: I stay with one of my children

I: With one of your children?

R: Yes please

I: So do you regularly see him around?

R: Yes please

I: Who else do you live with that is your family?

R: No one, all my family members are far away but I have friends around

I: So can you tell me about the place you live, what is the living arrangement?

R: It is a compound house with a lot of people occupying it. My room is a single room with a porch

I: Okay so can you tell me a little about your educational background, the school you attend and the level to stop at?

R: I completed JHS at Kpong JHS. I also had some vocational training but I stop. I trained in decoration and pattern cutting of dress making

I: Why did you stop?

R: I will say one of the reason why I stop is one disobedient and also financial challenges

I: So what will you say is your highest level of education?

R: JHS

I: But you mentioned you went to vocational school?

R: Yes I did but I couldn't finish

I: thank you but our earlier discussion was just to know your living conditions but now we will be talking about the comHIP project with is the hypertension program on going. So from the time you've been enrolled on this program who normally takes care of you on this program?

R: The person who is in charge of my care is brother Amanor

I: And where do you get your medication and other things from and if you get there who takes care of you?

R: With the medicines, I go to Akuse hospital for them and Tim Djani is the doctor who takes care of me.

I: Who else?

R: And Vicky. There are some times I meet her there

I: Who is Vicky?

R: Vicky is a pharmacist, there are times that he manufacture Para and other medicines

I: You mentioned three people who takes care of you

R: Yea

I: Please do you have a valid health insurance card which is only working?

R: Yes please I have one

I: What do you understand by a working health insurance card?

R: Health insurance card is a card that hasn't expired

I: We shall continue. There is something called knowledge and diagnosis so can you tell us a little about health and how you consider your current health status?

R: Now I can say its good because when I was enrolled I was advice with regards to too much exposal to fire and also about my diet to prevent my BP from going high.

I: So what will you say is the health problem that mostly worries you most often?

R: Half of my head ache very seriously

I: So will you say hypertension is what causes this headache you just spoke about? Or does the hypertension also worries you?

R: No it doesn't worries me

I: And do you know what causes your headache?

R: Like too much thinking

I: And what makes you think that much?

R: With regards to thinking so far as you are a human being, something will offend you and you will think about it or something you will want to do and you will also think about it

I: So can you remember the date that you were diagnose or when where you diagnose?

R: No I can't but the year I can say last year.

I: Can you remember the month in which you were diagnose?

R: I can't remember the month

I: So what lead you to go and seek care or medication or how did you get to know you had BP?

R: I'm free with Brother Amanor so when I went to him, he educated me concerning BP management and checking. So upon asking me some questions and also educating me I also made a decision to go and check.

I: So what did he tell you about BP before checking your BP?

R: He really explain what BP is to me and I got to know it's nothing to be afraid of

I: So what is BP or how do you understand BP?

R: I understand BP to be a condition that's let's to increase in faster heartbeat and also increase in blood. So he made me understand that it's not something that is scary but rather something that can be treated and y can be giving medication that will make everything okay. So I shouldn't be scared of it.

I: Okay we will continue. So what motivated you to seek treatment concerning this hypertension condition?

R: By the grace of God I have been educated about it and also there is a medicine that can be used in treating it so I also felt the need to go and be treated for me to actually know what it is

I: You told me from the beginning that someone educated you and also explain things to you about hypertension. Can you tell me the work that the person do?

R: Please the person sell medicines at the Atua hospital junction

I: Is he a pharmacist or a drug seller?

R: I will say a pharmacist or a chemical seller

I: So before you got to know about hypertension and also before you were screen and referred, did you had any idea about BP?

R: Before that I hear people talk about it but I always presume if you are old like around 60, 70 that's when you will have the condition.

I: So where do you hear this from?

R: People say it when they go to the hospital and also from my mum and a friend who is a teacher

I: Who else?

R: Apart from that when I go to the hospital I hear people saying that their BP is high that's why they came but during that time I always thought till you reach those age 60, 50 before you can have the condition.

I: So currently where do you get information regarding BP from?

R: Now when I go to the drug stores I hear people say they are going to check their BP whether it's high or low

I: Apart from the drugs store where else to you see hypertension advert?

R: I hear some on radio and also some on Adom TV because they normally discuss how we can take care of ourselves

I: So when you take a critical look at this BP condition, is it a condition that needs a critical attention and why?

R: It is because sometimes you may not know you are having it and you may engage in activity with may lead you to collapsing. But if you normally go and check you will know how you will need to take care of yourself to live long and its necessary that we should often go and check because it's also not scary.

I: From what you just said, will you say it's necessary and important to adhere to medications been prescribe? What will you say is the main reason why you should go and check?

R: So that you will be able to live long,

I: O why will you say the medication is important?

R: So that you won't go and engage in any activity that will lead to you collapsing and the devil will be blame

I: Okay so now we will discuss the heading Prevention, treatment and management. So with this questions you should have in mind the time before enrolling in this comHIP programme. Before enrolling in this program were you diagnose of having hypertension and you've been taking medication for it?

R: Please I don't know

I: So since you know, It means you haven't been taken any treatment from anywhere?

R: Yea, since I had no idea of my condition, I wasn't taking any medication but ever since I was diagnose, I always take my medication.

I: So when you enrolled in the comHIP program, what advice did your health care providers tell you about your lifestyle in other for you to manage your hypertension and it's really helping you?

R: What's helping me is that ever since then I have stop or serious the intake of some diets like fatty food and fish but rather I eat a lot of vegetables in other to be healthy. Also I was advice on my medication, the time and day I should be taking them so that I will be able to reduce the reading of the BP.

I: What else?

R: I also do exercise. Previously when I walk I feel exhausted but now I can go and run by the road side in the course of my selling, also I have realize the consistent headache I use to experience has also reduce.

I: So do you think that all the advice given to you concerning your health is very important?

R: Yes please I can say it's very important and necessary?

I: What are some of the benefit?

R: I think we should always go for check up every two month and also be given drugs

I: Concerning the advice giving to you ever since you enrolled on this program, can you say you've change your choose of diet and also do some small exercise?

R: Yes because concerning my food, I'm supposed to eat it on time and also prevent eating heavy food late at night. I'm supposed to eat early around 6 o clock so that the food will be well digested. We were also told to stop eating lot of salted fish because sometime it result in us coughing.

I: So will you say you've change from the way you do things in the past?

R: Yes I've change

I: So can you tell me one by one some of the practices you've change concerning eating late at night?

R: I stop eating late at night, I now constantly take in water mostly

I: So if you carefully take look at this comHIP program, what will you say about the medication provided to you, your satisfaction about the service to you by the nurses and doctors, the availability of the medication provided to you, just tell me your experience on this project.

R: What I can say is that BP medication is one medicine that's is everywhere. Anytime you go to the hospital you can get some and also anytime you go to the pharmacy with your prescription form you will get some. It is also important to go for two month regular checkup at the facility

I: Can you tell me about the attitude of your care givers, the nurses and the doctors?

R: Like I said before, they really have time for us and make us know there is nothing to be scare about because when you get scared the BP will go high so they normally have a chat with you in other for you to be well relax before your BP reading is taking.

I: What can you say about the time you spend any time you go to the health facility for medication?

R: with the time, whatever time you will like to go on your appointed day you can. Sometimes when you go the doctor can ask permission to go and do wards round and attend to emergencies before coming to us.

I: Okay, please do you have a challenge with your transportation?

R: Yes, for example from my place Kpong to Akuse cost GH 4.00 just to get there. This has made it difficult for us to sometimes go to the hospital for our medication therefore you may decide to go to a rather nearby one due to financial challenges.

I: In the course of the treatment, do you have any family member or organization who provide you with support?

R: No, there is one who help me in terms of funding or food aspect.

I: Okay. Have your medication ever been change in the course of your treatment?

R: No it has never been change and what I was also given I haven't encounter any problem with it

I: So the one you taking hasn't giving you any side effect?

R: No please

I: So what can you say about your relationship with your health care providers?

R: I always great them when I get to them and they are also friendly at when they are less busy and other times

I: What of if they are much busy.

R: They are also friend but since we are many and they need to pay attention to all of us so during that time you they really get the time to play with you but not because of a quarrel.

I: So will you say they listen to you and your concerns?

R: Yes they do especially Doctor Djani at Akuse. When you go there he really have time for you and explain everything to you one by one. You will even be happy with the way he will talk to you. I wish he will stay at Akuse till he goes for pension because I'm really happy with his output

I: So concerning the amount spent on transportation and the distance to your facility, is it a worry to you?

R: Yes because I have to take a transport form Atua to Kpong and then also from Kpong to Akuse.

I: So has it ever gotten to a time that you were not able to go to the hospital because of transport fare challenges?

R: Yes please

I: What can you say about the services given to you at the heath facility and also the neatness of the environment?

R: When you enter the consulting room they have a well-ventilated atmosphere with an air conditional. Also they have a person who check your BP for you one on one.

I: What can you say about the arrangement of the medicines in the facility?

R: That place is also well-ventilated and neat and the drugs are well arrange. When they are done with you they normally ask you about the medication you are currently taken or if you have the prescription form so that they will know how to provide you with the medicine.

I: You said earlier that you've not had any side effect with your medication but do you know what to do in case you experience any side effect?

R: What I will do is to go back to the doctor and report the effect of the medication to him

I: So what are the possible side effect that can accompanying taking the medicine?

R: Sometimes you will feel dizzy, sometimes your heart will be beating fast and you will also become weak and also see a change in your actual wellbeing,

I: So have you been given the permission to express any concern you have about your medication and if you do, do they take it serious and attend to you?

R: Yes please. When you go with some concerns they request you to perform some lab test, check your BP before they may give you your medicine or change your medicine. But with me since I have been going I have not encounter any problem because I always do just as instructed by the doctor so I have no problem.

I: So whatever is been done you are happy with it?

R: Like I said earlier with regards to the transportation fare, if in case a help will be provided to support us with the transportation and encourage us to go for the treatment I will be happy.

I: Okay so please do you receive some text messages and when do you receive those messages?

R: Yes please. There are times I receive health messages which normally comes in the morning.

I: So do you receive voice message or text message?

R: Sometimes they call with some short code, when they call and you pick you can listen

I: And do you think the messages are very useful?

R: It is useful to those who can read because if you read it you will know what they are actually telling you.

I: So to you is it useful?

R: To me since I can read it's useful so I will like it to be conducted in way that our parents who can't read will be able to understand it when it comes.

I: Have you ever receive any of this text and you have no understanding of it?

R: No because even after reading and I don't understand, I ask and they explain things to me

I: Where or who do you ask?

R: Where I buy or take my drugs,

I: So where normally do you receive your medication?

R: At the hospital from doctor Tidjani

I: Have you ever encounter any barrier during the process of going for your medication?

R: For me no, apart from the issue of transportation everything is fine.

I: As there ever been an occasion where you've been given a wrong dose on or wrong prescript?

R: No please

I: You kept mention doctor Tidjani and I want to ask if he knows you and he also knows you very well

R: Yes but is not that we know each other before but he normally have time for you when you go to the hospital because I went with some other three people and the way he explained things to them I was happy with it. So whenever I get there he knows I'm his patient.

I: So can you give me an instance about something you discuss with him concerning hypertension you haven't forgotten about?

R: We all stayed in the north so we speak some common language dabgani so whiles providing you with service he can make you excited

I: Looking at your health care providers what are your opinion about the respect giving to you by them and can you give examples of that?

R: For the examples when you go you exchange greetings and take about your health. If they require of you to go to the lab you are giving a lab request form and you will go before you come and see the doctor. So they are friendly.

I: So do you think they have adequate time for you to have discussion?

R: They have adequate time for each of us because I can see I haven't seen any fault or problem with them that I can say.

I: Okay during this program how will you assess your experiences with the licensed chemical sellers?

R: For instance the person I said he is at the Atua hospital junction even if you said you are not in talking terms with him he will say that's a lie so because he is so accommodation and you will even want to go to him so that you guys can have a chat. So he is friendly.

I: What about the others?

R: We are okay with each other.

I: Considering their training what will you say about their effectiveness in providing you with services?

R: To me they are okay and they work well

I: So when you go there are you able to ask them other questions aside the BP treatment?

R: Yes we discuss other issues

I: What are some of the other conditions you talk about?

R: We talk about AIDS and also how to protect yourself by the use of condom and the types of condom we have in the system.

I: To what extent do you feel you are informed about your treatment in relation to your condition as in hypertension?

R: I'm well informed

I: In the past few weeks, how many times will you say you have forgotten to take your medication?

R: with me I always go according to the directions given to me so I have no problem with it

I: And within the last two weeks have you forgotten to take your medication?

R: I don't forget taking it but the only problem is sometimes is I don't take it on the exact time I should. For example is I'm supposed to take it by 7: 30 in the morning, I may take it by 7: 40 but I will make sure I take it by 7: 40 in the evening.

I: But you've never forgotten to take it?

R: No, I always take it every day.

I: Okay so while on this program, have you even taking any alternative or local medicines?

R: No I don't. For me I don't even like taking medicine. If not because I was educated on this program I hardly buy drugs from the license chemical sellers so I don't do those things. So I don't just buy drugs or any pastor will recommend any drug for me.

I: What can you say when you compare your experiences before and after comHIP program?

R: I think the comHIP is good, that is the education on BP. It is good that they teach us about hypertension so that we will know how to take care of our self or so that we will know what to do. Also those days when I walk a little I get tired and also experience several headache but now everything is fine.

I: Before we will bring our discussion to an end, I want you to tell me everything that you learnt about during the program?

R: What I will say is that the program is good because it has help those of us who didn't know that you can go to the LCS and check your BP. Now we have knowledge about that and we now know that it is not scary. So what I will like to say is it is necessary they continue the program

I: Okay so what are our final words or any problems you will like to share to be address?

R: To me my only problem has to do with our financial challenge before we get to the hospital which is the transport fare,

I: Okay thank you very much for the opportunity giving us to come and have this discussion with you

R: Thank you too for this opportunity and for the services made possible for us at the hospitals and the community pharmacy

I: Okay please do you have some questions to ask?

R: No please

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: 110116_002

I: We are currently doing an evaluation on the comHIP project. Can you please tell me a bit about yourself, what you do as a living and everything?

R: My name is xxxxx. I work with the Akuse nurse as a volunteer.

I: Okay what can you say is your personal work that you do?

R: I'm a fisherman

I: Okay so do you have a family around that live together with you?

R: Yes I leave with my children and my wife

I: Can you tell me a bit about them?

R: I have eight children and a wife with me. I also have one other wife at my hometown. Teife

I: How many boys and how many girls?

R: Two girls and six boys

I: And do you always see them around

R: I live with them and we all sleep in the same room so I always see them around.

I: What about those who don't leave with you

R: I go and visit them every two weeks interval at my home town

I: So what's the name of where you are currently staying and how will you described the apartment that you live in?

R: My area is called Agbodeka and it's not far from the river side

I: The house that you live in will you describe it has a self-contain or how many rooms those it contain?

R: It's not a self-contain but rather a single room but I also have neighbor which are so close to each other.

I: Okay so now we will talk a bit about your education, please at what stage did you complete your education and how is your education like?

R: Okay I attended school from class one to form four and I completed school in 1986. I schooling was in the Volta region in the north Tongu district

I: Okay so now we will talk about comHIP. Since you were enrolled on the comHIP project, who is in charge of your care?

R: A nurse and some other doctor

I: Where do you receive care from?

R: At the Akuse hospital

I: Please do you have a valid health insurance card that is working?

R: I have one but for the past two months it has expired.

I: Can you now tell me everything about your health in general?

R: Before the comHIP program, I work with them at the hospital and one day they said they are coming to do screening so I should come and help them. I also got screen and was then later given some medication. I can say after the medication, I can say I'm now much better than before.

I: Okay so I will like to know your knowledge about how you were diagnose. Will you say currently you are healthy?

R: I can say I'm well but sometimes I still feel the effect of the hypertension but it's better than before.

I: Can you also tell me your most troubling health issue of problem currently?

R: Apart from hypertension, malaria is the illness that troubles me a lot.

I: What about hypertension?

R: That's what I said apart from hypertension, malaria is the illness that troubles me a lot.

I: What does the malaria does to you?

R: I realize within some few month I can hardly eat well and then I also realize my body doesn't feel normal and also became hot then I began sweating. Recently my sister mentioned to me a drug which I bought and I seems okay for now.

I: Please can you remember how many years or month ago since you went for the screening?

R: It will approximately be within one year and two month something there about,

I: So what lead to you been diagnose of hypertension? What led you to be diagnose?

R: That's what I said I work with them so they said I should also participate to for the screening. I normally check my BP with the itinerary people who walk about checking but they always say I'm Okay until I went for the comHIP screening and I was told my BP isn't okay. I was then referred to a nurse and I was giving two weeks to come back later for review. So after the two weeks I was place on the program.

I: So before you were enrolled on the program what explanation about hypertension was given to you?

R: The explanation given to me was the factors or causes of hypertension which are anger, eating fatty food, alcohol and some other things which leads to hypertension.

I: Okay so after been screen and diagnose for hypertension why did you decide to go and seek for care?

R: I came to understand that it's a silence killer that can kill you without not knowing so I have to run away from it

I: So who did you say help you in the process of seeking care?

R: The nurse

I: So before this program what was your knowledge on hypertension?

R: Before the program since I work with the nurses I hear about it from them sometimes during community talks. Also hypertension has to do with the blockage of the blood veins with fat.

I: So what is your source of information?

R: From the community talk, we go for community talks so I get the information from the nurses

I: What else is your source of information about hypertension?

R: On radio and also if some doctors comes around to give education on hypertension.

I: Considering now, where do you usually get information related to hypertension from?

R: Now I can say it's through the establishment of comHIP. I really hear about it because I'm even a volunteer on the comHIP program so I also hear of it when we go for community talk.

I: What can you say about hypertension? Will you say it is an important disease?

R: It isn't a good disease that one should acquire because it really disturb you so no one should allow him/herself to develop this illness.

I: Okay so how do you consider treatment of hypertension? Do you think is important and why?

R: One problem with it is when you are diagnose of it you have to continually take your medication so that you won't be disturb so much by the illness, so I will say the treatment is very important.

I: So our next discussion will be on the prevention, treatment and management. So before enrolling on comHIP have you ever seek care for hypertension before enrolling on this comHIP project?

R: No I haven't been to the hospital because of hypertension before

I: So now when you were enrolled on the program what are some of the advice given you from the clinic that has helped you in managing the hypertension?

R: When I was enrolled on the comHIP program, I was advice not to take fatty foods. Thy also took my number so every day I receive a message, every Friday they teach me what I'm supposed to be eating,

I: What other advice have they given you upon been enrolled on the program?

R: They also told me not to be getting angry and also should continually perform exercise like joking. I was also told to take vegetables and fruits.

I: So do you think all the advice giving to you are important?

R: I can say the advice giving me really help because even my fishing occupation is more or less an exercise so the advice is really helping

I: So will you say since you became part of this program will you say you've had a change in your behavior?

R: At first I mostly take in more meat but when I went for counseling I didn't take it serious but I always experience some side effect after taking those meats so I didn't to stop. Since I stopped I now realize that some of those things are the cause for my illness so I stopped.

I: What else?

R: At first I get angry a lot but now I have stop and always laugh over issues and I realize I'm getting better. Also with alcohol I use to take some but now I have limited it

I: As part of the comHIP program what can you say about your treatment in relation to medication? Are your medication readily available?

R: For me, initially I was ask to go and buy I from the drug store but couldn't get some so I went to the hospital. Since then I always get my medication from the hospital easily

I: Okay so what can say about the attitude of the nurses and the doctors on this program?

R: For me since I already work with them anytime I get there they already knows my mission so when I get there they ask me to sit for a while to stabilize my temperature. They are all fine and free with me.

I: What about the waiting time, is it a worry to you?

R: For me I haven't spent more than an hour so I don't have any problem with time

I: What about transportation?

R: No

I: So do you have someone in your family or any organization that helps you with taking your treatment?

R: No im the only person

I: Have you ever had a change of medication before?

R: No

I: What about side effect from your medication

R: When I started the medication initially I realize I had a problem with my erectile function. I remembered when we went for the meeting we were told if we have any side effect we should report nut when I did the nurse didn't replace it for me.

I: What did you tell her?

R: I told her my erectile function is now down because of the medication but she just laugh without changing it. I then decide to stop taking the medication for some two weeks to experiment whether it's the cause.

I: So what was your findings?

R: I realize the medication was the cause of the erectile dysfunction

I: So do you feel that the doctors or nurses had your best interest in mind when they recommended treatment to you and can you give us some examples?

R: I'm free with both the doctors and the health assistants

I: What example can you give to show that you are free with each other?

R: When I go to the hospital we laugh together and they kept mentioning my name asking where I'm going and I respond I'm coming for checkup. Sometimes my folder they take it for me before I began the process.

I: So do you have any concern or problem about them that you will like to share?

R: I don't have any issue or problem with them.

I: So how far do you travel to receive care at the hospital?

R: I normally take motorbike to the hospital

I: Have you ever had challenges in going for your medication as a result of unavailability of motorbike or means of transport?

R: No I always go and sometimes I walk.

I: What can you say about the neatness of the facility that you receive your care and the arrangement of the medicine in the facility? How were the health facility that you visited?

R: Okay with regards to the pharmacy I haven't been inside the room to see how they have arranged the medicine but in regards to the neatness of the environment I will say it's okay

I: And what can you say about your satisfaction on the way the health care professionals attend to you?

R: With the nurses when you go for medication or checkup you will first interact with them. Sometimes if you are supposed to see the doctor they will guide you to the doctor office to see the doctor for consultation

I: So do you know what to do when during the course of taking your medication you experience some side effect?

R: What I said earlier that we were told if you experience any side effect you should go back and see the prescriber and report to him what the side effect is so that they may change it for you.

I: So what are the possible effects your doctor or nurse told you could experience while taking the medication?

R: No we had no discussion like that

I: Okay so what are some of the reactions or concerns they show when you ones had a problem or side effect and reported to them?

R: That's what I said earlier on that I ones had a side effect and I went to report to my nurse but she just told me she has heard but she didn't change the medicine. She wasn't angry but she just said she has heard

I: I see so what do you think should be done on this program that will make you happy more than what you are experiencing now on the project?

R: What I can say is they should be able to give you medication even if your health insurance card has expired or is not valid because there are some people if their card has expired they find it difficult to renew it. That's my only problem.

I: Please do you receive messages?

R: Yes

I: Is it voice or text message?

R: Text messages

I: Do you find the text messages useful and why will you say so?

R: Yes, normally I get message to remind me on my medication intake and on Friday about my diet.

I: And do you think the messages you receive are appropriate and important?

R: They are important because sometimes you forget to take your medication but upon receiving the message you get to remember.

I: So where did you say you normally take your medication?

R: Akuse hospital

I: And have you ever had problems receiving your medication?

R: No I don't have any problem getting my drugs.

I: But have you ever been giving a wrong medication or prescription before?

R: No

I: Do you have a particular health professional who is looking after you and who knows you well?

R: Yes

I: Who?

R: Sister Memuna

I: Who is she?

R: She is a nurse

I: Can you share some of your discussion or your experiences with her with me?

R: We have discussion on everything. She normally tell me to take my medicine so that I won't die and then we laugh. Sometimes she tell me about my BP reading that's its good.

I: How would you assess your communication with the nurses and other health care providers you have encounters with regards to your interaction?

R: We always laugh and chat. They have time for me and also listen to me.

I: Have you ever been to a license chemical seller and how will you assess your experience with the license chemical seller?

R: I did at the initial stage when I was ask to go there but he said he wasn't given the authority to give drugs but I'm supposed to buy them.

I: So do you think the LCS is well train and he has the skills to perform his duties?

R: I can't tell

I: Do you think you are giving adequate information or to what extent do you feel you are kept informed about your treatment?

R: Yes they inform me and I'm happy about it

I: Okay so in the last two weeks ago how many times have you forgotten to take your medication?

R: I haven't forgotten

I: Okay so is there anyone in your house or any help you could receive that could have helped you remember to take your medication and who is that person?

R: Sometimes when I go for fishing and I come my wife ask me if I have taken my medication and if no I tell her no and if yes, I say yes.

I: Have you or do you use alternative medication like this local medicines?

R: No please but its only malaria that I sometimes cook some herbal leaves but not for BP

I: Comparing your experience gain before and after enrolling on this program what difference can you talk about? In answering this question your mind should be focus on the health care providers and the medication and everything

R: I can say when I wasn't part of the comHIP program I didn't know I had a condition like this until I was screened during the community screening. So far I can say it's good because I know some people who always buy medication worth GH 100.00 but with the comHIP if you have your health insurance card you will only have to pay for your folder fee at the so I can say the comHIP is good.

I: I general what can you say about the comHIP program?

R: That's what I said earlier on that if your health insurance card is invalid you won't be given medication but aside that I can say it has been of help to a lot of people. Example is you will get your medication for free, you will get a remainder to take your drug, and you should eat this food or that.

I: Thank you very much for your acceptance to have this discussion with us. Please do you have any questions to ask?

R: I don't have any question

I: Thank you very much

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: 110117_003

I: Good evening

R: Good evening

I: Please can you tell me your name, your age and also your occupation?

R: My name is xxx, I am a driver but since a became sick I'm currently not working

I: So how many years have you been out of work?

R: I have been doing some minor construction works but ever since the illness became serious I haven't been doing anything

I: So concerning the driving which route do you normal drive?

R: I drive commercial. Any place that I will be invite for a journey I go

I: So please do you leave with your family?

R: Yes please

I: So in your family who are the people you leave with?

R: I stay in the family house and we are many in the house. I even live with my children there

I: So how many children do you live with including your wife? How many are they

R: My children they are also in the house but they are in a different room but when they are awake they come to me to check up on me

I: So do you always see them every morning?

R: I see them everyday

I: So now we will talk about your educational background. So to what level have you completed school and where did you attend school?

R: I attended school at Methodist united at Akuse and I completed form four at Mount Mary

I: So on the comhip program, who are those who normally take care of you in your current state? Is it a doctor or a nurse anytime you go to the clinic?

R: At the hospital anytime you go there, wherever they will decide to place you that's where you will receive care

I: But I want to know who normally provide you care, is it a doctor or a nurse?

R: Doctor Tigyani. Recently he was the one who provided me with care and then so other doctor called Agbodeka and so other slim one so where ever they will place me.

I: So do you have a health insurance card?

R: Yes I have but its home

I: Is your card a valid one?

R: Yes it is

I: So looking at your current condition, what will you say about your health status?

R: For me the way I started my life when I left this town to Tema before I came back, I realize my capacity is now down

I: So I want to know your current health problem, the one that worries you the most?

R: I have diabetes and hypertension.

I: So what can you say really troubles you a lot?

R: It is the hypertension that does really disturb me a lot because if im not alert then it always go high. With the diabetes its mostly normal but the hypertension will always go high if I'm not adhering to medication.

I: Can you remember when you were diagnose of hypertension?

R: I can't remember but any time I go to the hospital they give me advice.

I: Fine we will get there but I want to know when you were diagnosed, maybe in a year or month?

R: When I started taking the BP medication say January, I stopped taking it on the way.

I: So when where you diagnosed of hypertension?

R: I can't remember

I: So what led you to go and check or seek care from the hospital?

R: There are times I feel like I'm ill and weak so you will feel to go to the hospital

I: Who when you were diagnose of hypertension what are the information given to you about the condition?

R: They advice we about our lifestyle like our choice of food, alcoholism and other things you are not suppose to be doing. Some people also say is in my family but I don't think so because I was born with it but its during this old age that I have realize it

I: So what explanation is giving to you about BP?

R: Okay there are some people who when they get angry then their temper rises

I: So why did you decide to seek for care or medication?

R: They said if you have a condition like that you should come for instance some people came to do some program

I: Which people?

R: New covenant church. They ask us to come so that they will test our blood so I also went there but already I always attend hospital here and they give me medication.

I: So who help you it this process

R: My younger sister

I: So before becoming part of this program do you have any knowledge about hypertension or have you heard of hypertension before?

R: From old times we also see people dead and we are told is as a result of hypertension. They say they just saw him recently but all of a sudden he is dead

I: So I want to know where you get this information?

R: When we go to the hospital

I: Where else?

R: Some times too the nurses also speak to us and also in the town with our colleagues, we discuss that.

I: Okay so how will you compare the information you have on hypertension now with before?

R: Now im okay

I: What do you mean by okay, do you mean you have it more now?

R: Me personally I don't joke so I most at times try to be healthy to leave long.

I: Okay so considering hypertension, to what extent do you think it's an important disease?

R: It's important

I: Why do you say it's important?

R: Because human being is important. Even if you are alive and people see you is better than been dead. So if we go to the hospital they tell us to take care and know what to eat so that you will live.

I: Okay so before you become part of comhip where you under any treatment or where you taking any other medications?

R: No I didn't go to the hospital for hypertension. When I went to koforidua they only operate on my Legs.

I: So after becoming part of comhip what are some of the advice the health care professionals keep advising you about on hypertension that is very helpful?

R: They always advice on our choice of food and how to live a good lifestyle

I: What are some of the advice giving to you concerning your choice of food?

R: Your diet and some food you are not suppose to be taking

I: What are some of the food, I want to know and what other things you are not suppose to be doing?

R: Fruit, banku, soup with dry fish, avoid taking in meat.

I: Where you advice on performing exercises?

R: Yes you can decide that when you wake up in the morning you can walk for some distance

I: So do you agree that these advices are reasonable?

R: Yes they are

I: Why is it reasonable?

R: It is because those days we were joking with our life and not reasoning.

I: So those days what are some of the life that you were leading?

R: I always like entertainment

I: So what are some of the behavior you where ask to abstain from?

R: Alcohol, some food and other things.

I: So will you say you have a change of behavior in relation to some of the things you were asked not to be doing?

R: Yes I have change a lot

I: What are some of the lot?

R: I can see you have been asking me those things but I cant tell you but some is about food.

I: You have to say it because we want to know whether after you have been advice on the program you have now abstain from those act. So what you don't know you will just tell me you don't know.

R: They advices on our food like eating fatty foods.

I: So we will continue, what will you say about your experience on this program with the provision of your medication? Is the medication readily available and also your satisfaction with the behavior of the nurses?

R: I'm oaky we the treatment I receive from the hospital.

I: Why are you okay with them?

R: I like the way they ask me questions and also how they take care of my health and also they advice me.

I: What about your waiting time?

R: We don't keep long over there, approximately 20 minutes

I: What about transportation? Is it also a problem to you?

R: It's not a problem

I: So do you have someone who helps you during treatment from home?

R: Yes my kid sister.

I: So your medication, is it having an side effect on your health?

R: No

I: But have you had a change of medication ever since you started?

R: No I still get the same medication. I was asked to finish taking my medication.

I: So what do you have to say about your relationship with your health care providers at the hospital?

R: They really give me attention. We have good relationship and they also advice me.

I: What about your concern? Do they listen to you and also advice whatever concern you have?

R: Yes

I: So how far do you travel to receive care? Is your house far from the hospital?

R: No, I walk to the hospital

I: So has the distance you need to cover ever prevented you from going for your medication?

R: No. so far as I know that today is the day I'm suppose to go for my medication, I always go for it. Also if I feel like going for check up and I inform my sister she quietly gives me funds so it

I: So at the facility that you go for your medication, what can you say about the neatness of the environment, the staff and your waiting time, do you have any problem with any of this?

R: No, first come first serve. Everything is neat. You will be happy when you go there.

I: Okay, so have you ever discuss the possible side effect of the medication that you are taking?

R: When I went to madam Memuna, she told me that after taking my medication they will then assess me.

I: So if incase you experience any side effect, do you know what to do?

R: If anything I will go to the drug store or the hospital because they even told me that anytime I experience some signal I should rush and come so they are always available

I: So can you tell me the possible side effect they did discuss with you?

R: She didn't tell me about any side effect but she said since I have started come to her at the appropriate time we will have a discussion on my next visit.

I: So all the information you will like to have on this program, have you been giving all those information and are you happy with it?

R: Yes

I: And do you think there is something they should have been doing that could make you happier than you are now?

R: No, I don't but if I have an issue I will let her know

I: Okay please do you receive text messages?

R: No I don't

I: You don't receive messages on your phone?

R: They rather call me in the morning

I: So you rather get voice mail?

R: Yes on our food consumption and the medication you are suppose to take.

I: So how often do you get this call?

R: From 8:00am onward

I: So will you say the messages are very useful and important?

R: They are useful

I: Why are they useful?

R: They remind us on our food and our morning dose. They advice me to

I: What else? Has there been any information in the text messages that you don't understand?

R: The message is in Dangbe so I understand and I also understand Ewe to but it is in Danbge

I: So where do you say you receive your medication from?

R: Akuse hospital

I: Have you ever encounter any problem in the course of going for your medication as in the price or any thing else.

R: When I go they write it for me and I buy it from the drug store

I: Do you have a particular health professional who is looking after you and who knows you well?

R: I have a lot of people. One person that if I have a problem I go to is Auntie Esther and Auntie Mary

I: So what are some of the issues you discuss together whenever you go there and you are happy about it?

R: They normally like to give me advice a lot

I: What are some of the advice they normally like to give you?

R: How I should live my lifestyle that will be of benefit to me.

I: So how would you assess your communication with the nurses and the doctors and other health professionals that you have encounter with?

R: They are good

I: Why do you say they are good?

R: For me anytime I go to the hospital, I always tell you about what is happening to me to the doctor.

I: So when you get there do they listen and respect you?

R: Yes they do. They are my people.

I: What about the time you spent with the doctor?

R: You have to exercise patient with them. When ever its your turn you will be called to come.

I: Have you ever bought a drug from a pharmacy shop before?

R: Yes

I: And what is your experience with them?

R: Whenever the doctor prescribe a medication o me and I go there, if I have money I will just buy it.

I: And do you think they always give you the right medication?

R: Yes

I: Have ever had any other discussion with them or you always go to them only because of the hypertension?

R: When I had a problem with my thighs and I feel pains within I discuss it with them. Now I can't even rise I bucket of water and also I feel tired when I walk but now I can walk.

I: So do you feel you are kept informed about your treatment on this comhip program?

R: Yes because whatever I tell them they always give me the medication to it.

I: So in the last two weeks ago have you aver forgotten to take your medication?

R: I always take my medication.

I: So have you ever taken any alternative medication like local medication or faith base medicine?

R: No. I'm always afraid of those medicines.

I: So when you compare now and before the comhip program, what experience can you share?

R: I feel im getting much better in my health whiles taking the medicine.

I: We are just about to wrap up so what are your final thought or problems you will like to share?

R: I don't have any problem

I: If there is no problem I will thank you for the time you gave us for the discussion and I hope you will continue to take your medicine.

R: Please do you have any question to ask?

I: I want to ask if im always suppose to be going to the madam Memuna at Akuse hospital or somewhere else?

R: For now you will have to be seeing her till you will be advice otherwise.

I: Thank you for coming to speak to us. God bless you

R: God bless you

COMHIP EVALUATION RESEARCH – FOCUS GROUP DISCUSSION WITH FEMALE CLIENTS

FGD1

Please note the following:

I Interviewer(s)
R Respondent(s) responses

I: So you are welcome

R: All (thank you)

I: So as said earlier by my colleague Felix , it's obvious you've all decided to be part of these research so we are going to start, this discussion is going to focus on hypertensive patients, we would like to know your opinion on the COMHIP program, since you joined this program, has it been of benefit for you or not, is the program doing exactly what you've been expecting it to do for you or there are certain things that you might need but the program is not able to do that for you, since you are on the program its best we come to ask of your views so we know what the program is doing that is of benefit to you and the ones that are not. So our first question we would like to ask you is that, do you feel that hypertension is an important health issue? Why or why not? Since we've been given numbers you just need to raise your hands and then mention your number and then go ahead with your response

R4: hypertension is not good

I: Why

R4: because if you not lucky you might die and if you not aware you have it you might as well die too so it's important you adhere to all counselling and take your medication as prescribed.

I: So you mean it's an important area that we need to pay much attention to

R4: Yes

I: Okay who else, number one?

R1: We have to pay much attention to it because I heard it can cause stroke and as humans as we it becomes a burden and a problem for you if you not able to do things on your own but be stagnant at one place due to stroke, you will not only be a burden to yourself but to your family as well and you might not be happy and comfortable for the rest of your life.

I: Okay who else? As for this everybody would have to talk

R3: hypertension is not a good thing, I couldn't walk it's just by the grace of God that am free and able to walk now, so it's an important health issue

R2: it's not a good thing just as my sister said and it can cause stroke so we have to take the medicines given to us at the hospital rightly and as prescribed

I: Who else has something to say, number five

R5: Hypertension is not good this is because if you are diagnosed with such a disease you don't feel comfortable and your family members begin to worry a lot because it can just cause a sudden death so you always worried you might die any point in time that's why am saying it's not a good thing

I: So is it important we talk about it?

R: Yes

I: So we all agree that it's an important health issue?

R: All (yes)

I: Okay, so let's move on, is it important to take your medications every day?

R2: yes it's important to take your drugs everyday

I: Why should you take it every day and since you joined this programme how has it changed your opinion about the drugs?

R2: I begin to feel better when I take the medicine, initially I used to have severe back pains so when I take the medicine given to me I begin to feel much better. So we have to be taking it every day unless the day you will be going for a checkup.

I: Okay number one

R1: As for me initially my heart used to beat very fast but when I started taking the drugs given to me it has now subsided, I went to the hospital to check why my heart beats very fast and that was where I got to know I had hypertension.

I: So all that you trying to say is it's important we take our medicines everyday

R1: yes

I: Who else

R1: yes it's important that we take our medicine every day in order not to worsen our condition so that we can recover early enough.

I: Number four, is it good to take your medicine every day?

R4: Yes it is

I: Number three

R3: Yes it's important

I: Okay, so has your opinion on taking your medication changed ever since you joined the programme? You have all said it's good to take your medication now I want to know if your opinion has changed

R4: No my opinion hasn't changed, we still have to continue taking our drugs

I: So your opinion hasn't changed

R: No

R1: my problem is that since I started taking my medicine, am being told my pressure is low anytime I go for a checkup. So the medicines I am being given keeps reducing, last month when I went for the checkup it has drastically reduced so for about three weeks now to be sincere with you I've not taken any medicine, it has drastically reduced

I: So why have you stopped taking the medicine since you found out it has reduced

R1: oh no I called madam and I told her it has reduced and she told me I should go see the doctor but to be sincere with you I've not done that.

R3: me I don't have a personal doctor that attends to me when I go to Atua, and they can tell me to go to consulting room this or that

I: So has your opinion on medicine changed since you joined this programme?

R3: Oh no I always take my medicine

I: Okay, can you talk about your experiences in the programme? What have you learnt by being involved with the COMHIP programme? Am sure each of us have had some form of experience and we've learnt something since we joined the programme, so what can you say you've learnt specifically in this programme?

R1: I've learnt that I should always take my medicine

I: Okay, who else

R4: I've also learnt that there are certain foods you are supposed to avoid as well as the foods you are supposed to eat, so if you adhere to this counselling you will realize that your pressure will be reducing

I: So what are some of the food you were asked not to take?

R4: They say I shouldn't take too much salt and even if I will it should just be a little and after adding it to my soup I should allow it boil together with the food very well before eating and if after the food is cooked and I realize the salt was not enough I shouldn't add any but eat it like that, they also told us to eat fruits such as banana and pear

I: So have you been taking these fruits

R4: Yes

R3: I was told not to eat fish and salt coupled with iced water so sometimes when I go contrary to the counselling I realized my condition gets worsen but when I adhere I become free.

I: Aha! So now you've realized you become free if you don't take the ice water

R3: Yes

I: What have you also learnt from the programme?

R5: The nurses sometimes call me to remind me to be taking my medicine and if perhaps I take alcohol then I should put a stop to it so they call me at any time to remind me of such and they also told me to take fruits such as watermelon and pear.

I: So that's what you've learnt so far from the programme

R5: Yes

R6: the programme is a fine one and the nurses who take care of us are also fine, I was told of the things I used to do that brought about the hypertension so I was advised to desist from doing such things and they also advised me to stop doing hard work and try as much as possible to rest and have a good sleep, so I worked throughout December and had enough rest in January and when I went to check my pressure I realized it has reduced and that made me believe it's too much hard work that causes my BP to rise .

I: Okay we will continue, how does the COMHIP programme compare to your experiences with previous experiences with other health services? Am sure some of you knew you had hypertension before you joined this programme, so we would like to know the differences in terms of when you were seeking health care from the health service and after joining the programme, are there any differences?

R4: There are differences, initially when I was giving a card to go to the clinic at Asitey, I always feel uncomfortable and dizzy anytime I take my medicine so I went back to inform them and I was given another card to come here so since I joined and they started giving me medicine and counselling I no longer feel these symptoms.

I: So you've benefited since you joined

R4: Yes

R2: Number too, its beneficial to me after I joined because initially I never knew I had hypertension so I feel dizzy sometimes when I walk so I went to the shop to check and they

referred me to this place and asked me to go for counselling so when I went there and they gave me medicine, I realized I felt much better

I: So there is a difference

R2: Yes

R6: I also didn't know I had hypertension it was when I took my baby for weighing and they checked my BP and they realized I had hypertension, so they referred me and I started going for counselling and they gave me medicine and the nurses always call me in the morning to remind us of taking our medicine and to go for our checkup so now I feel better.

I: Who else

R5: Number six, I didn't also know I had BP until I was checked and they gave me medicine and advised me on the dos and don'ts so it varies, at times its low at times it's high.

I: Who else, who haven't talked?

R1: I only got to know I had BP when I joined this programme, so I don't know of any difference

I: okay, so do you feel that the health care professionals that you have seen listen to you and your concerns? Do they really listen to your concerns and questions and give you responses/answers that you require when you complain to them.

R4: yes they listen to us well and give us answers we need

R5: to be sincere with you I hardly go to the hospital., from my house to the hospital is quite a distant but it become very necessary for me to go one day, so I went very early in the morning and got to the hospital around 7:30am, I never saw the nurse and had to wait for a long time, so I left there around 5:30pm so since then I don't go to the hospital, I only take the prescription form given to the pharmacy and get my medicine there.

I: So the motivation was not there to go again since you went to meet no health care provider there

R5: Yes

I: Okay so who else, would you say oh this nurse took care of me very well?

R: All (yes)

I: It's not only about taking care of you but do they really listen to your concerns and give you required information and answers

R1: Me my major challenge is that sometimes you just in need of your BP drugs but you will get to the hospital very early and leave there very late, so to me if they can arrange and group BP patients at one side so that the moment you go you join that queue and go for your medicine or perhaps the nurses who counsels can be permitted to have the medicines so that once in a month when we go to see them they can give us the medicine so that it will be simple. So sometimes imagining going to join that long queue just for medicine I just prefer to go to the drug store to go buy them myself.

I: Okay we will get there but what my colleague is trying to ask is that do the health professionals really listen to your concerns and if yes, what are some of the concerns you took that they gave you a required response needed.

R3: sometimes when I go for checkup they tell me my BP has gone up so they tell me that I should be patient with my husband and children and not easily get angry so that my BP can reduce and they speak with you in friendly manner.

R4:, my problem is the dizziness, when I take the medicine I feel dizzy so I told them about it and they changed my medicine for me so it I no longer feel dizzy and they attended to me very well.

I: Okay, number six

R6: My problem is when I take the medicine I feel some form of headache so I went back to give them a complaint and they changed the drugs for me but the headache still persisted so I went again in two months' time and the doctor told me whenever I have any form of symptoms I shouldn't go to the drug store to purchase medicine on my own but I should come to the hospital with my complaint so I told him of my symptoms and they gave me another medicine and I became free.

I: Okay we will continue, I believe we all have some challenges with the program so I want to ask that were the challenges when you first enrolled different to those after which you had been enrolled for a while?

R4: Yeah there is a difference, initially when I go they say my BP is high but now it's low

I: So when they tell you its high, what are the challenges in that?

R4: I get frightened

I: So now you aware and know how to take care of yourself so you've seen a difference

R4: Yes

I: Okay, who else

R5: As for me when they added me to the enrolled people on the computer and I went to the hospital and met no health provider there I decided not to go again, so I have a place I always go to check and measure my BP

I: So you've never been there again ever since that incidence

R5: Yes

I: Is it because of what you went through

R6: Yes

I; Okay, have you experienced any unexpected consequences since starting COMHIP? If you have a problem with any of your medications, do you know who to talk to?

R4: when it comes to my medications I talk to the doctor

I: So meaning you know whom to talk to?

R4: Yes I tell the doctor who attended to me

I: Okay number two

R2: Me initially I was having problems with my medication so I told Sister Evelyn, the nurse I usually go to see and she told me to stop taking that particular medicine that was giving me problems

I: What problems were you having?

R2: When I take that medicine I feel severe headache and then my eyes itch a lot and become swollen so she told me to take out that particular medicine

I: Okay who else

R1: Number one me the only problem is that when I take my medicine and I go for checkup my BP reduces

I: So that is your problem, okay who else, do you know who to talk to?

R3: I will tell my doctor

I: Number four whom will you tell?

R4: I will tell the doctor

I: Okay number five whom will you tell?

R5: I will tell the doctor

I: Number six, whom will you tell?

R6: I will tell the doctor

I: Number one whom will you tell?

R1: Me I tell those who have been counseling us

I: you mean the CVD nurse?

R1: Yes

I: Okay what about you

R2: Me when u have problems with my medication I tell Sister Evelyn who is my counsellor

I: The CVD nurse?

R2: yes

I: Okay, thank you lets continue, does this programme empower you to take control of the management of your hypertension?-control of your own health?

R5: we are being reminded on things we should be doing so the BP will reduce so when you do those things it will reduce

I: So has it empowered you to know what you can do for yourself?

R5: Yes they teach us what to do so when we do them it reduces

I: So what is that empowerment it has given us perhaps if you experiencing severe headache you know probably your BP has gone high so you have to go and check, what empowerment exactly has it given you? Has it empowered you to take charge of your condition?

R1: as for me when I realize am extremely tired, it occurs to me that I was told to have enough rest so I can decide to even take two days off just to rest and then after resting I realize I feel very normal. That is what I have noticed

I: Okay, number two, this one there is no need to be shy tell us everything you know

R2: As for the empowerment it has given me is that when I take my medicine and I feel weak then I have to get some rest and sleep small and truly after doing that I feel much better.

I: Okay so who else, are you able to take care of your health because of the empowerment from this programme

R1: Okay for me what I've realized is that sometimes I feel body aches and feel very weak

I: So when that happens what comes in mind?

R1: Then I know my BP is high but I've complained several times but the problem still exists. When it happens I go to the doctor and they give me medicine then it will subside a bit but when the medicine finishes then the symptoms will start again.

I: Okay, have you received text or voice messages? Can you talk a bit about it, if these are helpful? Why or why not?

R1: mostly I get the voice message

I: What does the message convey?

R1: At times it tells me to remember and take my medicines accordingly, two it also tells me if am taking in alcohol then I should put a stop to it because it's not good for my health and then the food am supposed to be eating. So sometimes I get the messages like three times a day, other times twice or once.

R2: me too they call and ask me if I've taken my medicine and should avoid alcohol, they can call me like twice

R3: if they call you they will ask you if you've taken your medicine, they will also tell you foods to avoid

I: Which foods exactly?

R3: They tell us to eat dry fish a lot and avoid the fatty ones

R2: sometimes when they call and there is no response, they will call you back again, they will continue calling you until you pick

I: So what if you don't pick what happens

R2: They will continue to call

I: Until they realize the phone is off?

R1: They don't call continuously, they call in about 10-15 minutes interval until you pick

I: Oaky who else

R5: yes they call to tell you sometimes on the kind of food to eat, they tell you to avoid fatty foods and sugary foods instead of taking soft drink with too much sugar you should take yoghurt instead.

I: Number six do they call you too?

R6: Yes they do, they ask if I've taken my medicine and reminds me of my dates for checkup

I: So are the calls, voice messages and text beneficial to you or they disturbing you?

R2: it's good they call s so they find out if we've taken our medicine and find out if our conditions have been improved.

I: Number one are they disturbing you?

R1: No they are not, they are rather seeking my welfare and my health so they are rather helping us

I: okay who else it's be sincere

R4: it's very good because they are just seeking for our health care

I: By disturbing you with calls

R4: No they are just reminding you on how to take care of yourself so you don't die and leave your children behind.

I: How would you consider your interactions with the licensed chemical sellers, were they helpful?

R2: when I was asked to go to the drug store people, after checking me my BP was very high and she related to me in a friendly manner and gave me a drug to take before later referring me to go and see the counsellors so she helped me a lot before I went to see the counsellors

I: in what way did she help you?

R2: Oh she helped so much by giving that drug so she helps me a lot because my BP was very high but she even gave me the drug freely to take

I: Who else, or some of us didn't go to the drug store

(Choral answer by most participants): Some of them said they've not been there

I: Okay, have you ever asked the licensed chemical sellers questions on your health, were they helpful?

R2: it seems am the only one who goes there, I went there to buy Bluefin but I was told that hypertension patients have their medication so even though he sold it to me he advised me on how to take it.

I: Though majority of you are saying you've not been there, has there been any occasion where you went there to seek for any medical advice?

R: All (yes)

I: Okay, what is the best part about being involved in the programme? Perhaps you might say this particular a or b is the best part of the programme, as for this question we all going to talk

R6: as for me the best part of this programme is that I would have known I had hypertension and it might end up killing me so that is the best part for me

I: So you mean they telling you is the best part for you

R6: Yes I wouldn't have known that it was hypertension that was making me feel sick but when I was told I became aware and was a bit relaxed.

R5: me the very day I was told by the doctor I had hypertension was the very day I got enrolled and I like the way they've been calling us to remind us of our medications and counsel us shows they care a lot about our health.

I: So for you the calling, voice messages is the text are the best part for you

R5: Yes

R4: initially when I was told I had hypertension and was given the medicine I had my own doubts so the time they gave me to come back I didn't go which nearly caused me my death so now I've realized the programme is good and you must adhere to everything they tell you.

I: Number three

R3: What I like best is the aspect of them calling you every morning to take your medicine so am very happy about that.

I: So you like the calls, okay number two

R2: What I like best about the programme is that they are always ready to assist and help you with whatever concerns you bring

R1: what I like best is that, when I was told I have hypertension, I was also told to come every other month for checkup and every six months they check my sugar level that is the best part for me because when I want to check my sugar level at the hospital I would have to pay but they do freely for me.

I: Okay, so now I would like to ask you that, what is the worse part of being involved in the programme?

R6: I think that was what my sister said earlier on, if it's possible for the medicines to be given to those who check us so that we can access the medicine straight from that place or better still there should be a different queue for hypertensive patients because we are just going for checkup and just get our medicine.

I: So as for you, you hate to be in the long queue with other patients

R6: Yes to be sincere with you the long queue at the hospital has caused me to stop going to the hospital so I just go to the drug store for checkup and then buy my medicine there because it's the same medicine the doctor gives me every time so when it gets finish I just go to the drug store to buy the same medicine.

I: Number two, what don't you also like about the programme

R2: Just as my sister has said the medicines should be made available at where we go to measure of BP because we don't want to go and join the long queue from morning till evening.

R3: Yes the same

I: No its not matter of being the same, tell us about your experience

R3: Yes they should have a different queue for us so we don't go in the morning and come in the evening, it is not easy

I: Are you sure the medication aspect is the only problem you have, aside the medication would you say everything else is okay

R4: As for me most at times I wake very early to go there so am sometimes the second or third person to be attended to

I: so everything is okay with you, the doctors don't do anything you don't like

R4: Oh no, I go there early so am attended to no time

I: So there is nothing you don't like

R4:Am kk

I: Number five

R5: As for me what I dislike about the programme is that they call me to ask if I've taken my medicine, counsel and advise me but has never bothered to find out why I've not been coming to the hospital for my checkups and why I don't come for my medication this has been my worry

I: So you mean they don't care about you

R5: Yes

I: Number six

R6: My major problem is that when I have to take my kids to school then I will be late in going to the hospital and that keeps me there for a long time.

I: I've realized that you are all talking about medication and time wasting, have there been any instances where you've been told that a particular medicine is out of stock so they will prescribe for you to go and buy

R: All (yes as for that one they do that a lot)

I: Aha! So you see you have a lot of things to tell us

R1: Sometimes when you go they will ask you to go and pay three cedis here, go and pay this here then when you being attended to and you go to the pharmacy for the medicine all they do is to give you Paracetamol and give you prescription to go and buy the rest of the medicine that is why I have decided not to go to the hospital off late but just go to the drug store to buy my own thing.

R2: As for me they've never prescribed any medicine for me to go and buy before, am always given medicine whenever I go for my checkups

I: Oh okay, number three

R3: As for me sometimes all I pay is three cedis and then sometimes they will tell you some of the medicines are not covered so you should go and buy.

R4: Number four they don't prescribe medicine for me to buy it was only when I was feeling pains in my knee that I was asked to buy some ointment and apply

I: Okay number five

R5: As for me I've already told you I hardly go to the hospital because of the experience I had at the hospital so I don't have anything to talk about.

I: Okay, would you recommend this programme to other people?

R4: I would recommend it to people

I: Why?

R4: Because with the medication they give us when you adhere and take them accordingly you will be fine

I: Okay, number two

R2: I would also recommend it to others because of the insight and knowledge it's given me and also the counseling and advice they give us.

R1: As for me I've been recommending it for people already, I always tell them to go for the counselling because their names will be recorded on the computer and they will always call them to remind them to take their medicine but as to whether they go or not I don't know.

I: So meaning you have started recommending already

R3: Yes, I even told my grandmother about it but till now she hasn't.

I: Okay number three

R3: oh I will recommend it to people

I: Why?

R3: To be sincere with you it was my husband who entered into this programme and was given the number and it was due to that I was called and checked and was also given medication, so it's his number I've been using to take the medicine,

I: **So why aren't you enrolled yourself, you take our medicine but you are not enrolled, so your husband hasn't recommended it to you**

R:3 **Even he himself that was given the number he has refused to go despite the fact that his BP is even higher than mine**

I: So what about the messages and calls they've been sending to him

R: They do call him every day but he has refused to go

I: Then now it's your responsibility to see to it that he goes so that it doesn't become your burden

R: Okay

I: Number five, sine you don't like their services and don't even go to the hospital, would you recommend it to others

R5: Oh to be sincere with you, one of the nurses keeps calling me all the time to the extent that she picked a motor and came to my house to know what my problem was and I told her all my concerns so as for that aspect she did very well

I: So did you go after she visited

R5: No

I: in that case, would you recommend it to others

R5: Oh as for me it's my personal decision I made not to go probably if I were to be going I would have met the nurse that came to my house but I haven't but the good thing about it is the numerous calls and text messages they do send all the time to remind you of your medication so I would recommend it to others.

I: Okay, number six?

R6: Yes I would recommend it to others because my mum also has BP so sometimes when they call and am not around my mum picks and she asks me if I've taken my medicine if not then I take it and it also reminds her to take hers as well

I: So is your mother enrolled in the programme?

R6: No

I: why? You were just saying you will recommend it to others so why haven't you convinced her to join

R6: Because she goes to the roman hospital

I: So if you compare the two hospitals which one is preferable?

R6: I've realized mine is

I: If so then why haven't you told her to come and join yours?

R6: I will tell her

I: Okay the moment we end this discussion and you go home make sure you get her enroll

R6: Okay

I: Or what do you think

R6: yes I will that's fine

I: Okay lets continue, now we want to make the programme a better one, when you doing something you have to make sure you put in efforts to make it successful or a better one, so since you are the ones who patronize the service we would like to know your recommendations for improving COMHIP/hypertension and treatment services:

- a. How can we improve upon COMHIP or hypertension prevention and treatment services?
- b. What suggestions do you have for improving the services?
- c. What areas could be improved?

R1: just as we are discussing here, if it would be possible to put it air such programmes on radio stations and on television in announcing it then I feel people will be encouraged and join or enroll.

I: Okay, who else

R2: as for me am okay with the services so even if they don't add anything am okay

I: Are you sure, so everything is okay with you

R2: Yes

I. Number four

R4.For me am ok with the services

I: Okay, number five, what can the programme do so that you can start going to the hospital

R5: As for me my major concern is the administering of medicines at the hospital, that if we go to the hospital we should be attended to early so we can leave, if that is done people will be encouraged to join.

I: Okay number six

R6: Am okay with the services

I: So there is nothing you think should be added to the programme

R6: Okay as for me if it's just about going to the hospital for your monthly checkups and medication then the medicines should be made available with the nurses so that we can take it from them without wasting much time except perhaps you have other health concerns apart from the BP and you want to see the doctor.

I: Okay, we almost at the end of our discussion, do you have any contributions, questions or any suggestions you would like to add that probably I've not asked or we've not discussed?

R1: what I have to say is that the nurse who attends to us at the counsel section is very good, even if the computer calls me and I don't go she will use her own cell phone to call and ask why am not coming and if you go she's friendly and talks to you in a respectful manner. She doesn't frown neither will she query you on why you were not able to make it but she will rather encourage you and listen to all your concerns so I like her for her personality, she's doing a good job.

I: Okay, who else has something to say, okay I would like to ask if you know the names of the medicine that's being given to you

R1: yes I know its name, they give me Bendro, Amnoloquin, aspirin, lycynoprin and dicynoprin but that one is not good for me

I: So since that's not good for you, have you done something about it

R1: I told Madam Evelyn and she said I should remove that one among the medicines

R2: As for me I was given only infiquin 20 milligrams

R3: I don't know their names

I: Okay, number four

R4: I don't know their names but I have some with me now

I: Okay, number five

R5: No

R6: no

I: So does it mean they don't mention the names of the medicines to us if we go for them?

R: No they don't

I: Okay assuming there is no enough funds to continue with the programme likewise to train the nurses who attend to you and no phone calls, messages or voice notes, will you be able to cater and take good care of yourselves or not?

R5: due to the counseling and knowledge I have now, even if they are not available I can take care of myself, will just take my medicines and heed to the counselling I received

I: Okay, number four

R4: As for me my problem is I don't know the name of the medicines they've been giving to me and which one is good for me so if they stop it will affect me

I: So for you if they stop there will be trouble

R4: Yes

I: Number six

R6: I will still continue with my monthly checkups and take my medicine accordingly

I: Okay, number three, if it happens that nobody will call you early in the morning to ask if you've taken your medicine or counsel you, can you take care of yourself

R3: No I cannot

I: Okay number two

R2: no I cannot if they don't call me

I; so I've realized the calling is very important to you

R2: yes

I: Okay number one

R1: It will bother me because I hardly go to the hospital, it's because of this programme and the monthly checkups that's why I go so if they stop it will worry me.

I: Thank you for your time and contributions to this discussion, we are grateful that you came.

TRANSCRIPT OF IN-DEPTH INTERVIEW OF POLICY MAKERS-COMHIP EVALUATION

#1.

I: Good Afternoon

R: Good Afternoon

Interaction Begins

I: Now coming to you and the work you have been doing for some time now, if you could just give us a little bit about yourself especially in terms of your experience in the health field for the past 10 years so we can take it from there

R: alright, my name isXXXX, I'm the deputy director, clinical care for eastern region, I'm also a pediatrician. For the past 10 years, basically I have been seeing children and of course I've also been working in area of HIV. I see adults with HIV as well. So I have been seeing both children and adults with HIV for the past three years and as you know, now we see HIV more of a chronic illness rather than a disease that causes mortality in view of anti-retroviral therapy so we follow up patients, we give them care just like the way people with the chronic disorders ought to be followed up like hypertension and diabetes, so and when I became the deputy director, clinical care, one of the major areas of challenge has been non-communicable diseases where access to care is a major major problem for a lot of clients because of distances, where they live. So if you are not close to a district hospital, its almost unlikely that you are going to have care for diabetes or hypertension or many other chronic disorders. Of course a lot of patients also don't know that they even have those conditions. Why do we say so? Because most of the patients who come to the district hospital are referred to the regional hospital. Some of them come in with complications of the chronic problem that they have. Somebody will come with stroke and we know that the blood pressure is so high or has kidneys which have failed or heart which is failing because of hypertension and or diabetes. So we want to as a region involved in clinical care, we want to expand access to care and also improves patients knowledge on the things they need to look out for to know whether they this

I: so it's a strategy or probably you want to make it a policy in your region to push awareness of CVD and hypertension to the people and to the community. Is that a policy?

R: yeah, with health promotion. One of our major policies is health promotion, to let people be aware of the risk factors for chronic and non-communicable diseases like lifestyle risk factors, genetic risk factors and many other risk factors. But even more importantly so you need to, what we really want to do is to expand access to care.

I: it's a real challenge?

R: yeah, yeah, that's a, it's a major major challenge. You see wherever you are in the region, within 5km radius or 30 minutes' walk, you should be able to access healthcare that can take care of non-communicable disease as well. You see that's the concept of HIV care, expanding access to the primary or peripheral levels or community level. To do that, you need to make

sure that healthcare workers within the community can help patients get healthcare on issues of non-communicable diseases and other disorders that needs regular follow-up. So if you look at your patients population and distribution or the population distribution, it should be such that wherever I live in the region, the shortest possible distance, maybe 30 minutes' walk or 5km, I should be able to get access to healthcare services. Once you expand the access then you have to look at the quality. If you go and put someone there and say okay, when they come measure their blood pressures and check. The person must know how to measure the blood pressure properly, make a proper diagnoses of hypertension. The person must also be able to account for the risk factors of the individual patient. So that is what we want to do.

I: so it's a strategy or a policy you want to drive home

R: yeah

I: what are the roadblocks or stumbling blocks in achieving this? Or it's something you just came up with in a meeting or yet to start

R: you see that's why I have told you that, this model, is a model that we have worked on before in HIV care. So we have done a lot of training for midwives who work in health centres and even some of them at the CHPs compound to be able to see a woman who has HIV and to be able to offer services for the woman to have safe delivery of the baby and also a healthy mother. The same principles which requires training, you need to train the human resource that you have. You also need to provide the commodities that they need to do the work. You need to provide supervision and you need to track data. These are the four things so in doing, non-communicable disease. So it's not new new per se, the principles are the same, the concepts are the same except that we need to train our people, give them the commodities that they need, give them the needed mentorship and supervision and then track the data to see whether we are making any meaningful impact

I: so you were still talking about the policies that you are trying to implement in the sense of transposing what you have done in HIV care into this non-communicable diseases

R: the policy, if I will capture it well for you. The policy is to expand access and improve the quality.

I: ok, but in the area of prevention, treatment and management of non-communicable disease, what is the plan? How is it organized?

R: I mean we have a policy, non-communicable disease policy which looks at all the levels. Levels of awareness, risk factors, access to care, treatment. So to improve the awareness you use health promotion. You do health promotion and then also if you come to the community level, you use the community.....

I: volunteers?

R: no, not volunteers. Those who belong to us let me put it that way. I mean those who are paid for the work that they do; community health officers, nurses to educate.

I: so in general who are the main stakeholders when it comes to the prevention and treatment when it comes to the NCDs

R: NCDs for now, you see the issue is that the treatment has been hospital based. You understand, so the main driver have been doctors who are prescribers. Doctors and physician assistant who have been mainly the treatment. Most of the work that we do is around treatment. Promoting healthy lifestyle will lead to and making the right choices will lead to prevention. So and that one is done also at the hospital level through education, community level and even at the regional level through health promotion. So when you talk about the prevention we have regional level. We do a lot of radio talks, health promotion and when you go to the hospitals, the hospitals also do education for patients who come in. and then in the community, we use the community health nurses.

I: oh so it's like a whole group of stakeholders, the media, the health facility, the community?

R: stakeholders, yes the media, health facility, the regional health directorate, community and opinion leaders. They are all important.

I: you capture all these people?

R: yes yes

I: so far have you had a national registry of probably hypertension patients or people with some chronic disease? Do you have a national registry or regional registry?

R: yes there is, because you know we have the DAME 2, we have a platform when you are diagnosed, the data comes from the district. So every district in the region we have their number, the numbers that they have in terms of hypertension, diabetes, cancers. Cancers, they are not very good there but they also come in, sickle cell disease and many other chronic disorders.

I: so you were talking about the prevention whereby at the health facility its organized. Now to move on to, in the area of financing, financing NCDs and especially hypertension care, what is the main source of funding and how are you going to make people come there and get their drugs? What is the area about financing?

R: Financing, we don't have it. We don't have any defined source of funding for non-communicable disease. That's the answer, there is no defined source. I mean what do you want to do? If you want to get the medicine, you will get the medicine through the national health insurance that you can give to patients. If you need services like clinical care services, you come to the OPD or in-patient care, those things national health insurance. But that is not, you cannot drive down non-communicable disease with national health insurance. National health insurance is at the end, ok it's at the cure end or control end of non-communicable diseases. We need funding for the awareness end and community care. So awareness, community care areas, those are the areas that we need a lot of funding. In the hospital still we need funding for commodities like weighing scales, BP apparatus, glucometers, blood test; maybe if you want to do something on sickle cell, cancers, blood test. Blood test, even some of them will be by national health insurance but national health insurance cannot do everything. If you want to look at population based interventions, that

we need to do to improve awareness of non-communicable disease and all, you cannot rely on national health insurance. You need other sources of funding through perhaps community mobilizations, bilateral donors, government of Ghana, direct funding, etc. While the insurance is doing the control end, in other words, the disease end, clinical services end, we will need a lot of funding for population based intervention and research. Research area, we want to do a lot of research. A lot of non-communicable disease, we have things on paper, we need cash to be able to do it. A lot of descriptive studies, population based studies and all those things. You see what the picture looks like. So funding is important. The government of Ghana is doing national health insurance. We will be paying those who do the work through our routine work. I'm paid for the work that I do, so government of Ghana is doing that one. We need more funding for prevention, a lot of health promotion, you have to go into the community and talk to people. If you have to do that you need vehicle, you need fuel and you will need lunch, then we go, that's it. Then if you want to and expanding access will also require a lot of funds because you need to train people, you need to train community health nurses, perhaps even community volunteers to be able to pick those who are at risk within the community and offer them the services or link them to care

I: so it's a daunting challenge in the area of financing?

R: financing is phenomenal, the major block we have is finance. Because if I have enough funds, I can train community health nurses, I can buy them BP apparatus, so that when they go into the community, they can check the BP. They need tablets to plot their things on electronically, data is important. The data must be secured. If they have to refer they need to make some calls. Sometimes even get to link up to doctors and mentors who can respond to their needs. All is cash.

I: so what is being done in the area of the region to source for other donors, other funds to help in managing or preventing or even treating this non-communicable disease and hypertension in the region?

R: it's a big question. Whatever you do anywhere you need to present the data and facts, so that people can buy in and help you. So that's what, we are putting ourselves together to do, to look at our NCD data. Look at all the region, we know the areas where, its all over but areas where, hotspots if I should put it that way because their prevalence is very high if you are looking at the hotspots data. So we are putting ourselves together to see if we can do a couple of research to get such baseline data especially population based. There is a few data on Ghana and demographic health survey 2014, telling us some of the risk factors: smoking, alcohol use, obesity, salted fish with the "kobi" and "momoni", its there. It's not a big one, its good but we also as a region we want to do a lot of that. So we need to mobilize funds and we have to write to the donor community

I: you need to present a data for that?

R: yeah we have data, we need to put more data together. We need to make it more comprehensive. For example if I tell you that there is a lot of hypertension in Nsawam, I haven't said anything. What are the risk factors there? What is the awareness level there? What kind of BP are they having, are they low or medium? Are their BPs controlled or

uncontrolled? Do they have access to medicine? What kind of medicines are they having? Are they quality medicines?

I: so with that, when it comes to organizing care, when the patient comes to the hospital what is done, in terms of caring for the hypertensive patient. When it's at the community what is done? When it is at the tertiary hospital, what is done?

R: At the community level, we must educate the people to be aware of the risk factors. That's all at the community, aware of the risk factors. And if you are at the community and you have already been diagnosed and you are on medicines, regular taking of the medicine at the community. If the BPs and diabetes and all other problems are not being controlled, the patient can go, can be linked up to care. So these are the three things that should happen at the community level. When you come to the district level, let's say the district hospital, the district hospital, they are supposed to give you a comprehensive care. So let's say you came with hypertension, we must make sure that we check your blood pressure when you come in and see whether the medication we gave is working. I want to know the effect of the blood pressure on the kidneys, your heart, then we can discuss other issues. Maybe your, your cholesterol, your sugar level, comprehensive care of the patient, make sure that the blood pressure is controlled. If you are a woman and you are pregnant, we have to make sure that your blood pressure is controlled, your sugar level is tightly controlled. That's what is done at the district level. When I refer to the regional or tertiary level what it means is that I am unable at the district level to handle your blood pressures. They are not being controlled. We are just using hypertension as an example but it goes for the others. I have problem controlling your blood pressure, I put you on two or three different medication, they have not been able to bring the blood pressure down, I have to refer you. Or you have a complication arising out of your blood pressures, your high blood pressures and I cannot manage it at the district level, I refer you to the regional or tertiary level. So basically, tertiary and regional will be dealing with complications. Of course they will also be doing research so that they can go down on the teaching

I: and advice?

R: advice district, advice community do A, B and C based on our research. So those are the...

I: so with this one how is the human resource organized? Probably from the primary healthcare level to the tertiary?

R: community health nurses, first line. We haven't trained them to do non-communicable diseases as at now. They don't have skills to do the non-communicable diseases. We will train them to have the skills to look out for the risk factor and to be able to basically measure blood pressures. When they pick up a patient they must refer him, they must link a patient to care, in other words you may have to refer the patient to let's say health center. And mind you as I've said the health centre should not be far away or else they can't go. That's why I said it should be close. Then the health centre would also pick

I: so there should be a physician

R: physician assistant at the health centre who will deal with it. The challenge is that the physician assistant be able to prescribe the medicines and the patient should be able to get

the medicines in the pharmacy? But you know some of the communities, you don't store anti-hypertensive, you only sell Brufen and paracetamol, gentian violet and small small things because you are a chemical shop. So these are some of the barriers. So once you expand care then you must be able to get anti-hypertensives in the community level and that on is not easy if you don't have a pharmacy shop. So it's a challenge, that's it, so you come to a district hospital, why? Because at the district hospital there is a pharmacy, you get your anti-hypertensives at the pharmacy or maybe a pharmaceutical shop. Then you come to the region the same or tertiary the same. So the limitation is clear now isn't it, so if you the skills and by policy you can't prescribe anti-hypertensives then it's a challenge. So all these things are things that will be worked through as we grow in the care for non-communicable diseases

I: so what you are saying I'm sure there are more. These are the barriers and challenges in the provision of hypertensive care in Ghana? Not necessarily in your region?

R: sure, exactly in Ghana. The only advantage you may have is let's say you are in Accra or Kumasi where if at the district level if I'm qualified to write and I write for you, you are likely to see a pharmacy shop just behind your door. If you go to Nkorakan or you go to Afram plains somewhere, where are you going to get such medicine from? So the flow and the control, the auditing of medicines, who controls medicines are some of the barriers. Are some of the major barriers?

I: provision of care for the hypertensive patients in Ghana?

R: at the community level, you may have to travel to get your medicines. What's the point if I diagnose you and I can't give you medicine. So you go to Nkorankan and I diagnose someone to have hypertension then I'm working at the health centre, I don't have hypertension there, I don't store anti-hypertensives at health centres so I give you a prescription and you have to come to koforidua. So why don't you come to koforidua for koforidua to see you "preko" (means already).

I: so with these challenges that you are bringing up, to what extent do you think hypertension is a priority in Ghana? Do you think it's a priority in terms of the health system in Ghana?

R: it is, but the thing is to match up to the demands of the burden of disease we have. Ghana now we have a dual burden. Dual burden in the sense that infectious diseases are there: malaria, pneumonia, tuberculosis, diarrhoea diseases. We haven't overcome those diseases but there is also a second pool which is the non-communicable which is growing. Non-communicable including road accidents and the disabilities thereof. You see what is happening on the roads, road accidents, amputee-cut your leg, so what I'm saying is that the challenges are many. The human resource is small, that's the problem. So we will get there.

I: but still you see it as a high priority for health workers?

R: it is, you see

I: how has it changed overtime, considering probably in ten years' time in terms of NCDs level of prevalence over this time, now.

R: its growing, it's growing. NCDs is number one now; deaths coming from hypertension, diabetes especially is the major killer in the Eastern Region last year. So it means that we must mount the response properly but its all resources

I: so what are some of the health, let's say not necessarily Eastern Region, countrywide reforms that are worth mentioning when it comes to NCDs programs or hypertension programs

R: oh the reforms is the medicines. For me if you look at the structures, the structures are okay. You don't need any reform. What we need is training. If you talk about reform

I: nothing has happened before? Something worth mentioning?

R: we need reform in the flow and control of medicine, the problem is that can we expand the base of prescribers who can prescribe anti-hypertensive. It's the doctors who prescribe, doctors and physician assistants. If you get community health nurse involved, we have a lot of them who are trained. Can we work with pharmaceutical council and say that okay, if someone has this appreciable level of training, the person can prescribe

I: and for the licensed chemical sellers, the people there or?

R: sure, the chemical sellers, can we select some chemical sellers to be in charge of non-communicable medicines used to regulate non-communicable disease. These are the areas that we need reforms. Perhaps not all medicines but we can start reform by selecting 1 or 2 anti-diabetics, anti-hypertensives, a certain range of them if not all, a certain range of them, the ones that are not problematic and say okay chemical sellers who are trained, who have certain level of competences can handle two (2) medicines. Then we can, it will support our quest to improve access to care at the community level. That leadership role has to come from the pharmaceutical council. Of course when we all discuss, they will tell us perhaps what can be done. That is where the reform is needed, the rest is training in getting more human resource, in getting the commodities.

I: okay, currently if I may ask, are there programmes or programmes being implemented in NCDs and hypertension that are going on country wide or even in the Eastern regions

R: no, no, no; No country wide. The only which is there is this COMHIP project which was one district; I think Lower Manya. That's all. We don't have any program going on anywhere. So it is the first program which is community based control of hypertension is what we are doing with FHI and Norvatis. That's the first of its kind as far as I know. In my experience, I may be wrong but in my experience here, this is the first of its kind

I: oh okay, so who did they involve in such a program?

R: they used the community health nurses and I think the volunteers as well and they trained them. So you have doctors let's say at the district level who were trained, they in turn also trained the community health nurses and then equip them with a BP checks, machines to check BP and then electronic recording of data as they do their own thing and then they in turn also link those who have hypertension or those who have significant risk factors to care. So I think it was a very very good program

I: so do you think they brought in all the necessary stakeholders in the health sector?

R: yes they involved the region, because in the eastern region we are the major stakeholders and we had a lot of interactions, a lot of meetings, so they did that. And I think they brought one of the pharmaceutical society as well, if my memory serves me right because of the issue of chemical shops and the pharmaceutical companies were also involved in monitoring the blood pressures and all. So they brought in a lot of stakeholders

I: Do you think the training they gave to the community, the nurses, the community health officers and all those, do you think the training was enough?

R: it was enough. You see every cadre of staff requires a certain amount of training so that you can discharge your core duties effectively and efficiently so all those demands were met by the training so they could check the blood pressures to tell that this person has hypertension, this person needs care. As far as I am concerned it was good.

I: Were you made aware each of the various roles the people involved in this COMHIP were to play like if you take the community health officers, the community volunteer, even you mentioned FHI; you mentioned they are using digital something. Do you know what each person was supposed to do? If you can just highlight

R: it was efficiently coordinated. So you see you know the regional health directorate was involved, the district was selected; lower manya krobo was selected, a lot of meetings were done; stakeholders meeting, when the selection had been done, stakeholders meeting involving all the agencies: pharmaceutical, Ghana Health service, Norvatis, FHI, so there was a whole plan on what the training will look like, then the roles of the community health nurses; checking the blood pressures, picking up the patients, linking them to care at the district level where the district doctors and the physician assistants do the training and do the prescription and then they key in collectively the details. So it was a comprehensive....

I: and it was well coordinated?

R: O yeah, sure sure

I: okay, so talking about the Lower Manya Krobo, do you think it was useful in the context of, the setting of lower Manya krobo, it was useful for the community and they appreciate it?

R: yes, very very useful. I don't know if you have spoken to the district director?

I: hmmn, no

R: do you intend to go there?

I: that's Dr Irina?

R: yes

I: Okay I have spoken to her previously but not so much in detail

R: You have to speak to her as well, it will enrich your..., because she was actually [inaudible], the day to day running of the...if you speak to her, she will give you a lot of information because it was a very good program as far as I am concerned.

I: do you think it should be scaled up, it should be taken country wide or there are certain things that should be tackled before such a thing is considered?

R: yeah, I mean, it has the potential to be scaled country wide but it needs a lot of resources, it needs a lot of money. It has to be done but we need a lot of resources to scale it [knocks on door; foreign voice]. You need to train community health nurses to understand non-communicable diseases so that when they go into the communities, they will know what to look out for and what to do. You need to train them to measure blood pressures properly. We are using only hypertension but what about if you want to do diabetes too, so that when they go there they have to check the sugar levels of people. So that's the training, then we have to get the machines which you are going to use. The machines must be durable and well taken care of, not to be stolen. And when they go they must have registers, electronic. Are we going to do electronic or we are going to do paper. If you want to do electronic and you have 10,000 community health nurses, you are going to buy 10,000 tablets; it's a lot of money. So if you want to scale it up, there are some areas that the cost components are too high, you can look for innovations to replace. For example, instead of tablets, can you use a mobile phone to do the recording of your data.

I: what about data security?

R: erhn, the issue of data security also comes in. So then are we going to use paper or a book? So we have the potential to scale up but we have to carefully look at the critical areas we need to maintain so that quality will be maintained. And look at whether we can finance those areas before we roll it up. But for now we can look at partial stepwise implementation. The stepwise implementation is let's train our community health nurses to be able to advocate the risk factors in the community. Now that's number 1. Number 2, let's help them to measure blood pressures of those who are at risk and link them to care at that level. As we get more resources we improve. So in that case we may not even be doing data issues at that level. Just link people to care. So we can do a stepwise approach from the base; and the base is the awareness, what can we do about awareness? Do people know their blood pressures? That's measurement, the second step. The third step is for those who are hypertensive, do they have access to medicine? Then number four, is the medicines controlling their blood pressures? And all those who have complications, number five, are they being referred? So we can do stepwise approach so that we go gradually up

I: so at least you think the program is helping people. Example, any success story?

R: for that one lower manya krobo can share many success stories. But you see typically, you can have a call, let's say you have a call from the health centre through telemedicine, this call is coming from the Ashanti region, somebody has come to the hospital and has difficulty in breathing. They check the blood pressure, blood pressure is like 200 something, 200/120 or so. The person knows that he is hypertensive but hasn't taken medicine for like 10 years but at the health centre there is no medicine for her. You have to refer her to the next level. You have to get an ambulance, drive her some distance to the hospital. Can we do something about this such that you don't need to drive for her to go through complications? The woman in the community will know that I have to take my medicines and this is where I can get the medicine, close by. That's why I am saying those who come to the hospital who have been diagnosed of hypertension, many of them have complications even before they come. It

means that nothing is happening at the community. So we need it, its something that has to be done. So we have to look at best practices across the world and then use our own experiences and then add it and begin to tackle it. But I think what we can do is the stepwise approach. We can't tackle all the problems at the same time. No, I don't think we will be able to do it unless we have a lot of money.

I: so what do you think, so far from where you sit and stand, what are the weaknesses you see in this COMHIP program?

R: the maintenance of the commodities is number one. For me, less than the inherent weakness, even the training. Will you be able to keep it and keep it well? If I have to give you a bag. Handling of the commodities is my major issue

I: It is not being taken care of well?

R: Not necessarily but if you put gadgets in people's hands, you must budget for half-life of the machines fairly soon. Electronic tablets is another area, so those are the equipment, equipment or commodities to me is the major area especially if you want to scale up. If you want to scale up, there are some hospitals if you go there, they only have one sphigo for the whole hospital. But now if I have to get electronic sphigs for the community health nurses to go out and go and do the work.

I: okay, the strengths, the strengths you have seen with the COMHIP

R: The strengths, expansion of access, that one is key such that perhaps be in your home and know that you are hypertensive, that's a luxury. That's luxury, I'm telling you in our health care system now that is luxury to be home or nearby and know that you are hypertensive. A lot of women will know that they are hypertensive when they are pregnant and they come to the hospital. Otherwise they have no access to care. COMHIP concept for me as far as I am concerned is the expansion of the access, hat is the greatest strength as far as I am concerned.

I: can you say the licensed chemical sellers not being able to stock some medicines is a weakness?

R: it is a major barrier. It is a major major barrier. It has to be done, I mean innovations are needed there. It is not that because by law chemical sellers ought to have certain medications, they don't go beyond certain medications, fine. If you want to increase their responsibility then give them the needed training and orientation then they handle the basics because if you have 500 types of drugs that you shouldn't handle and I'm able to train you to handle 3 or 4 which will help without cost so that is also one major bottleneck that we need to work on otherwise it will collapse any attempt at expanding access. Because once you expand access you catch the people who are hypertensive, are you able to refer all of them to the hospital 40 km away? Some will go some will not go, in fact in some districts there are no hospitals. You have health centres, clinics, polyclinic or something, you understand? So the chemical shops, we should help them.

I: so what other barrier to success apart from the chemical shops not stocking some hypertensive drugs considering this COMHIP project

R: commodities is also a barrier. The other thing is attrition. You know when you train people, the human resources, they are not enough. You train them, some may leave; they go to school. You have to constantly train.

I: okay, did COMHIP impact on any existing programs that were in place already, either positive or negative

R: okay I think we have a lot of home visitations. So I think the COMHIP helped. It facilitated a lot of home visits, which is good. So there maybe the other programs that it impacted on positively or negatively but I think you need to speak to Lower Manya but as far as I am concerned it improved the home visits. It improved the confidence that we want the community health nurses to have

I: okay, for this, sorry for bringing you back. When it comes to Ghana or your region, what are the public health challenges? You were mentioning some districts not having hospitals or health facilities, is it a public health challenge or is it a healthcare challenge?

R: well, it depends on how you look at it. Non-communicable disease as you see now is a public is a major public health challenge. It is also a clinical care challenge because we need to be able to care for all those who truly have hypertension to make sure that the blood pressures are controlled and many other non-communicable disease but it is major public health challenge because many have hypertension and other non-communicable disease but they don't know. And even if they know, they don't have access to care. They live at a place where you have to travel for like 30, 40 km to get to a hospital. So some may even know but they are not able to get access to care.

I: it being a major public health challenge, do you think there are current existing policies in the Ghanaian context that is a hindrance to the implementation or bring out NCD programs and proper implementation in Ghana? An example, the LCS (licensed chemical sellers) not being able to stock some hypertensive drugs, what other policies that exist currently that sort of hinders or is a challenge to NCD programs.

R: you see the policy is those who prescribe. The prescriber, those who prescribe anti-hypertensive is doctor-based. The challenge is that once you make it doctor based, or physician assistant or what we now call prescriber based, then it becomes a problem, that in itself is a limitation to access because if a doctor doesn't go into a community or at the level of the health centre then it becomes a challenge. So the issue is those who prescribe but we should get to a point where if we are going to reload your pills and you are well, anybody should be able to give it to you.

I: you mean anybody as a health professional?

R: a health professional at any level should be able to count your pills and give it to you if you are well. We are not there yet. I can't walk into a health centre and say I have hypertension I am coming for my anti-hypertensives. Those are some of the reforms that we have to ..., so that if I am well, I was given 3 months of medication, you come I check your BP it's okay, i give you your prescription for the next 90 days. If you come and your BP is not controlled; I have headache, I have this then I send you to a doctor. Those are the challenges, can we expand the base of those who can handle the medicines even in the health centre

I: now coming to sustainability. You have talked about the machines, you have talked about attrition, what is the sustainable way forward?

R: the thing is we always say integration. Integration means that if I am a community health nurse and I go to see a pregnant woman, I should be able to check the blood pressure. If the husband is there I provide services for him. In other words, you won't go and come and say I am coming to do COMHIP project then somebody else comes and comes to say I am coming to do malaria. One healthcare worker, one patient. So if we are able to get to that level, that integration level, which basically means that the services we render at the hospitals should include the non-communicable disease and that the one who is offering the services must be able to give all the services across board. That is the way of sustaining it. Everybody who comes, who is a community health nurse, who does home visits should be able to measure blood pressure of patients, then it becomes sustainable. But if you train a small group of people and they become the hypertension specialist, if they are not there, who will take care of the hypertension people that we have discovered in the community. So if you want to make it sustainable, you must integrate it to the already existing services that the community health nurse, the doctor and the physician specialist or whoever is already rendering.

I: what is preventing this nice model you are bringing about? Why haven't we done it so far in Ghana; that integration?

R: because we haven't had the resources to train?

I: It's all about the resources; the money, the funding?

R: you see train people, they are now going to do it. When they go you must give them the gadget, it's money and they have to record; write something down.

I: so it's not even a policy thing?

R: no, no, no, the policies are there. As for the policies we have them. We need, we drive the policy with funding and supervision. If I have to train people to be able to do this, I must know them, put them in clusters, Nsawam, Nkawkaw, Afram plains, train all of them. After I have trained you, I give you the gadgets. After I have given you the gadgets, now how do you get the medicine? So the policies and we need to do all these and I will tell you that when you go, you are not just going to measure blood pressure. If a pregnant woman is in labour, you should be able to help the woman. If you go and an old man is in the house having challenges, you have to be able to deal with the old man as well. So one staff, one patient.

I: you mean, one staff, one household.

R: the same patient who has malaria, maybe the same patient who has hypertension. So don't go there and say I am coming to check your blood pressure, another person will come and check for malaria. There is nothing like that. In the real world things doesn't happen like that, so you have to train and integrate and to do that we need all the resources.

I: okay, lessons and best practices?

R: the best practice is to expand. The best practice really is to do health promotion. Let the community be aware of the risk factors. Let our community health nurses be able to measure

blood pressures and link to care. And that best practice should be when we pick people with hypertension without complications and we are able to track and make sure that 3 months 6 months your BP is under control nicely.

I: final thoughts. What are your hopes and aspirations?

R: funding to do a lot more of research [inaudible]. We need to understand our own dynamics when it comes to non-communicable diseases so my aspirations is that we will get a lot of funding and we will be able to do the training and some stepwise, not sit at one place but move gradually with a stepwise approach. If we are able to do research to look at what the data is saying, begin to look at our [inaudible], begin to see if we can do some community measurements. Those are the things I am looking out for. The first one is to do some research. We are going to do some descriptive study very soon to look at what is happening right now in our hospitals

I: this year?

R: yes, this year. Over the years, the hypertension that they have been bringing, how does it look like

I: so you will refer to your regional registry that you have?

R: no, we have that for the diabetes clinic so far, and then use that as a template to see what we can do to get more people help us

I: okay. I'm squeezing everything out of you. Anything else that you want to add, from all the discussions that we have had; concerning NCDs, concerning the political will, concerning the various stakeholders, the bureaucracies that might prevent certain things from taking shape concerning NCDs programs? Your final thoughts

R: you see the thing is all of us must be on board to the point where people, you know now if you have malaria you can get medicines over the counter right? You don't need doctor's prescription to get medicines for malaria and now we see NCDs killing people the way we see malaria killing people. So I am looking at a point where at the community level, at the health centres and CHPS compound and even the chemical shops, basic medicines should be available for patients whom we know have hypertension then we follow through with their care.

I: you think a political will, will drive that?

R: o yeah sure

I: we need that kind of political will?

R: the thing is that we will get there whether we like it or not. Because if we are dying dying, we will wake up, you understand? [Giggling] it is true, we will wake up. It is now the issue of malaria, tuberculosis, HIV; they are still big and they sort of..., and then maternal mortality. Then new born mortality. These are the things that has taken energy out of us. Non-communicable diseases too is coming, and it is coming big and very fast so

I: we have to stop it in its track

R: yeah, the earlier, the better

I: and probably if I am not wrong, don't you think letting licensed chemical sellers stock anti-hypertensive drugs, don't you think there will be abuse in the system?

R: yeah that's why I am saying the pharmaceutical society will regulate them, they will lead because they are the professionals. They will lead in the discussion and in the modelling of the best way out when it comes to those area, it's not just about stocking. What did you do with the stocks, how do you account for the stocks, who are you giving to, why do you give them? All these things, the loopholes, you have to close the loopholes before you deliver. Otherwise you cause more trouble.

I: so it's a challenge and a risk

R: yeah but we need to minimize the risk and maximize the benefit and to do that the professionals will have to lead. You just don't say let's go and put it there; storage conditions, efficacy of the medicine, they have to pronounce on all these things before you send them there otherwise there will be trouble, there will be big time trouble. So those are the issues.

I: okay, is that all [giggling]?

R: that's all [laughter]

I: thank you very much Dr xxxxx, thank you so much for your time

TRANSCRIPT OF IN-DEPTH INTERVIEW OF POLICY MAKERS-COMHIP EVALUATION

#2

Interview Begins

I: to start with, if it's okay with you, if you could just give me a little about your professional background and experience over the past 10 years

R: My name is Dr xxxxxx, the regional director of health service for the greater Accra region. I am a trained medical doctor but for the past 25 plus years, I have been working in public health. I have worked at various level of health sector, from the hospitals to the districts as a district director and then as a deputy director in-charge of public health then regional director for the Western region and now regional director for the greater accra region. As a regional director I am responsible for the health service delivery for the region. So now I take care of the health for the greater accra region which happens to be the capital. We work with both the public and the private facilities but our main jurisdiction is over the public health facilities over the region, which means that the government owned facilities but we are not directly responsible for the day to day running of places like '37' (37 military hospital), police hospital, Korle-bu teaching hospital, SNNIT hospital and the private facilities are also on their own. However, our work entails the office being responsible for our the running in terms of adhering to laws and all that of all these facilities including within the private facilities and before any private facility starts, this office has a role to play because we work with the health facilities regulatory authority and we have to go and inspect the places and say that this place can function as a hospital it does that. So in terms of the government facility, we are responsible for everything. The human resource, the management planning, ensuring that they adhere to policies and guidelines. Ensuring that they also report on whatever they do both financially and technically. And we ensure that people adhere to rules and regulations and then we also work such that we can achieve target set by the ministry of health and the Ghana health service.

I: okay, thank you for that profile and experience. So with these I believe you have had experience in management, treatment and prevention of hypertension. If you could also elaborate on that experience and probably other NCDs in the country

R: currently because I am in the public health division, I don't see patients directly so I don't prescribe for patients with hypertension but our work is such that we look at the trends, we look at what is happening with the non-communicable diseases. So every month for example we look at how many people came to the hospital with NCDs, with hypertension, diabetes and the other non-communicable diseases and then make sure that our hospitals are well prepared to address, this in the sense that if we have medications that have to be available, we ensure that they are there. We look at how they are managing these cases, we look at how many are coming down with complications. How many are going on admission, how many of them are dying. And we draw the attention of the hospitals if we find that there are discrepancies. Again if it is that Ministry of health or the Ghana health service has any new policies concerning any of these diseases then my office and my team now have to ensure that all of our facilities know this and adhere to whatever policies there are. So that is how

we come in by way of managing the diseases. So though we don't see them as individuals, we look at them within the context of the public health

I: so you draw this thing from a national policy put in place for NCDs and hypertension?

R: yes and No. Yes in the sense that, we look at what the....you see the Ghana Health service has its objectives under which every Ghana health service facility or the regions have to work with. In addition to that, you look at your local condition. For example, greater accra will look at greater accra and say that we have a lot of hypertension so we need to address hypertension or we had a lot of this, we need to address it or that we are not talking about cancer so we need to address cancer. So Ghana Health service has NCDs as one of the priorities that they want to work with. Then the regions have to now operationalize that. So that is how it works, so that Greater Accra looks at it and say that too many people with hypertension are coming to the hospital and probably dying, so what is happening. Now we have to look at the management, is it that they are coming late, is it that they don't have the medications that they need to have. So we look at that and operationalize it at that level but the service provision in terms of looking at them one by one, that one is done in the hospital. And we at the regional level, myself through my health information now have to look at what is happening in all of our facilities with non-communicable diseases. If we find for example that we are not picking, lets say sickle cell, then we ask why and then we realise maybe they are going to korle-bu, then we say why can't we see them in our own facility. So we look at how the diseases are moving within the region and then we address whatever gaps there are.

I: so with this you can say you now have in the region and probably as a nation we now have a national registry or regional registry for NCDs and in particular hypertension?

R: we have, it may not be a registry per se but we have specialized clinic run for them, so you will find that a hospital will run clinic for diabetics, a hospital will run clinic for hypertensives and it make it easier and better because then they know the clients and the clients also know that when I am going to the hospital, I can go to this particular place because I have this particular condition. And for some of them like the cancers, I know that nationally they have started the cancer registry but it is not everywhere. It is usually the big, the teaching hospitals that are doing that but within our facilities, we have places that we see them. So we have the names of the people who have these non-communicable diseases and then we also have clinic days as I said scheduled for them. And we try to ensure that they come and we also screen them for other diseases so somebody might come with diabetes but then we screen for TB because they can have lower immunity, they can have co-morbidities so that is what we do.

I: okay, so with this one, just like you described in the hospitals, is there preventive side of the hypertension and what happens, if you can take us through the physical level of prevention and treatment of hypertension at the facility or how it is run at the country, at the regional level?

R: yes, it is a collaboration between public health and clinical care so the prevention is usually through public education. Public education on what will be the factors that will contribute to somebody having hypertension or diabetes or other non-communicable diseases, so we do

public education through the media mainly. And then we also do it through visits to places like churches, markets, anywhere that we can get people together even at the OPD (out-patient department) we do that. So on the media for example, today we decide to talk about hypertension, then the person who is going to do this program will explain to the general public what hypertension means, then they will talk about some of the pre-disposing factors, then they will talk about the clinical presentation; how it presents. Then they will talk about the treatment that is available. Then they will talk about complications that can come out of that disease, if it is diabetes or hypertension or any other condition, so they talk about that. And then they give an opportunity for people to ask questions, so people can phone in then ask questions. Then they also link them to a hospital so they tell them for example if you are living close to this place then the best place to go to is a hospital that is close to you. But if it is that you don't want to go to that place and we know the specific day that they run particular clinics in those various hospitals, then they can go there. So that is how we do the education. In terms of the treatment, as I said they are treated in the hospital, so when they go to the hospital and they are screened, there is also screening at the hospital. So somebody may go to the hospital and say I came because I have a temperature, now they will check what we call the vital sign, so they check the vital signs and realise that a person's blood pressure is 150/100 or something and this person says I am not hypertensive, I don't have hypertension. So now what happens is that they will check again and check again so that they will refer to see a doctor so that they just don't treat you for what you brought but they also do screening at the hospital. Now in terms of that, we even have at some of our facilities a register for cough, so they screen people for asthma, for example. So that is how the screening continues, the prevention continues there. And then also we talk about this and we talk also about what people can do to make life better. So they talk about nutrition, what kind of fruit to eat and then some exercises to do and regular checks. Another thing that is done is we screen. We give opportunities for people to come for screening. So the screening is just not done at the hospital but whenever there is a program, we sometimes send our staff there to screen people and out of that, we have picked a number of people who had hypertension but they did not have any idea that they have hypertension. So that is how the screening is done and as I said the treatment is at the hospital. Another thing that we do to help them is the follow-up, which needs to be improved but you find out that some of them, they call to find out how they are doing and some of them they call to remind them that they have to come for a check-up or they let them be aware that you can call at any time, if you go home, you can come at any time. So that is how it is done. And then we also screen pregnant women for hypertension and diabetes and some other conditions like sickle cell if they have them.

I: so what is the extent of priority given to hypertension by the country and by the region? Is it a high priority?

R: it is a high priority because every year we look at the diseases that people came to the hospital with at the OPD, what diseases they went on admission with and then what killed them. And so hypertension is a priority for the region. And nationally too, it is because we realised that now younger people are getting the disease and some of them are also coming down with complications and also quite a number of the people who die also die from the non-communicable disease related complications so that makes it a priority for the nation and also for the region.

I: and so the priority, you can say probably from the year 2000 to 2005, to 2010 and to 2017 it has changed? Has there been a change in the priority levels over this periods?

R: yes because previously, we had older people having the disease, now we find out it is coming to younger people and we also found out we have people who will come in with stroke or people who die suddenly. So you realise that they are younger people now, so that makes it a high priority for us as a region. It is quite a huge problem to look at the number of people who have hypertension especially hypertension, it is a huge problem so it is a priority for the region. The other thing is that other diseases like the cervical cancer, it is also a priority but then we are training more people to be able to identify them. You see because hypertension you get to the hospital we can easily check and even then to make it sure, we are in the process of calibrating some of our Sphigs because we need to be sure that what we are measuring is really right. So that's what we are doing just to show that it is a priority and also to get people to be trained in the management because more people need to know how to handle the disease so that people who have it don't come down with complications.

I: so what has been the challenges that you have identified that is trying to fault all these efforts you have made in the prevention and treatment of hypertension in Ghana?

R: I think that one of the challenges is that we don't have a lot of places where you can just walk to, to have your blood pressure checked. So you are not sick but you just want to have your blood pressure checked. I know that some pharmacies have the machines where they can check but I believe that there should be a lot more places where people can just walk in anytime to say that I heard on radio that somebody was talking about hypertension, I want to have my blood pressure checked. That is one, the other is that because when you go to the hospital you will be part of a general pool, it makes it challenging. People will not want to go and sit there just to have their blood checked and all that and that maybe another challenge. Then the other one is that because one has to be on treatment for a very long time, people may get tired along the way or they may not have the money and also there are complications, right? Especially for the men, some of them when they take the tablets it affects them sexually so that also becomes a challenge for them to continue. And the fact that "I need to take all this" and I believe that also there are some misconceptions about how to handle yourself when you have this disease. Some people think that when you have hypertension it's a death sentence because you cannot eat this or eat that or eat this so some of them go for the treatment for a while then stop. The other thing is the competing message that we have. Some people think that a particular herb or a particular thing will do this or will do that. And then for some other people, they have stopped taking the medication because somebody told them to stop and use something else. And the inability probably of the health sector to meet them at the time when they need us; that is to say if somebody told this person that you what, stop taking all your medications and just drink water or just do A or B. Now for this person to come to the hospital to discuss may not be so easy because when he comes, he will have to be in a queue and all that and all that. But we have a public health side and that one you can go to the public health unit at any time and talk to a nurse who is there. That aspect I believe a lot of people don't know. So they think that if I have a question and I have to go to the hospital and queue so that's what I am saying that there might be some misconceptions here and there so I believe all these are challenges that confront the non-communicable diseases. The other thing is we need probably to have a lot more people who

are trained to handle these diseases. You see if you go elsewhere, you find that somebody has been trained just to handle hypertension. Ours, one doctor is trained to handle everything, so when he goes to the hospital or when she goes to the hospital, she is there not just seeing people who have hypertension although we run hypertension clinics and all that and all that, but I think that the number of people who can handle the non-communicable diseases...And then also if we had the registry then we could follow them up and then see what is happening to them and then learn more lessons that if somebody has hypertension and the person goes for this or goes for that, this is how it goes. So we can use that to improve the services that we offer them and then of course also conduct some delivery, some researches and the rest to know what are the expectations of the public and then what can we do and then what can they also do? So then we meet half way. The other challenge that we find is that the follow-up in terms of when they have gone home probably to have them visited at home to check on how they are. And also the refill, I know that these days some people have started with the refill where they can go to a particular place to have a refill but then, the challenges are that though you can go and pick your medication, you cannot go there for treatment because the NHIS (National health insurance scheme) will not pay for the treatment at that level so you see that also might be a challenge. If that is the closest place to me and that would have saved me money in terms of travel then why can't I go there because NHIS could not pay? So that also limits how things will go in terms of making it better.

I: so with all these ones, probably you engage your health promotion agency in educating people about the fact that there are public health units they can go and ask for information?

R: we do that yes, we do that as we do the public education on these non-communicable disease, we do that

I: so with all these things, has there been a nationwide health system reform that is worth mentioning concerning these CVDs and hypertension?

R: yes it started, for the first time, how many years now, a few years back, there was the NCD, non-communicable disease strategic document, it was developed and that has in it the roll-out of and how NCDs were going to be made like nationally [inaudible] like other diseases. That hype was there.... [Inaudible; electrical interference]

I: can I get a copy of the document? Or probably after the interview.

R: yes, I will have one here but you haven't seen it?

I: no, personally I haven't seen it

R: there is there is a document that was developed. In fact when Dr [inaudible; electrical interference]

I: so you mentioned about the fact that some people might not be able to go the pharmacy or the licensed chemical shop because the NHIS will not pay for it

R: even the health centre, let's say that you are living in a community and there is a CHPS compound (community health post) has the blood pressure check but they may not be able to give you any treatment and that means you may have to go the next place for it. You see first of all, the lower level, the people who are there have not been trained to managed such diseases but they can pick them. So let's say that a nurse who is there has been trained to check the blood pressure, she checks the blood pressure and it is high, she will need to refer you to the next level. Some of the people may find it challenging to go to the next level because they don't see why there is a health post here and I cannot be treated here. One, the person there does not have that capacity to handle you. The second thing is that even if she does, there are particular medications that cannot be prescribed at that level so she cannot give you any medication, and then somebody might not want to go to the next level because the person will say when I go there I am going to join a queue and it will be a challenge

That's why I said that we don't have like this hospital is just here for hypertensive and diabetics, it is for everything. So when you go, you should be prepared and ready to stay till your turn but within the hospital we have the triad system. The triad is such that when people come they screen them. So when they screen and somebody needs immediate attention then even though he or she may have been the tenth person that came, they will bring that person first because that person needs special attention now, so we do the triage. But if you come and you are not in that state, then you will have to wait your turn. So there are so many of these things that....

I: okay, so how is the NCDs management, treatment and prevention, how is it financed I the country? How are the pharmaceuticals financed in the country?

R: well, for some of the pharmaceuticals companies, they show their interest in particular areas, for example, the other day we had a presentation, a medical group, there was a presentation and it was funded by one of these pharmaceutical companies. And we were talking about hepatitis, so they came to talk about hepatitis and then showed what they had. Of course they do that to sell their medications or to sell whatever product they have. In the same way, in another meeting, somebody talked about their interest in cancer of the cervix. So a group like that may be able to support the publicity and sensitization of people on the particular area for which they have products; it could be medications or it could be equipment, so they do that. In the absence of that, what we do is that it is part of the health sector, so when you come to the hospital and you have hypertension, we use the protocols that are in existence to treat you according to what needs to be done =. So you come today we are supposed to give you medication A, B or C we will do that. If have health insurance and it is covered at the hospital then through the health insurance, you will get your medication and then you will go home. If you have to do laboratory test and you are covered by your health insurance, then you will use your health insurance one to do that. If you don't have or you do some tests that are not covered by the national health insurance, then you will have to pay out of pocket.

I: so the whole health system of Ghana is solely financed by the national health insurance?

R: no, people pay out of pocket as well

I: it's both?

R: yes

I: so what about the human resource? We have talked about the fact that there are nurses, pharmacists, licensed chemical sellers and some of these people have not been trained to manage NCDs and in particular hypertension. So how is the human resource organized in Ghana, in terms of NCD management, prevention and treatment?

R: it is managed just like we do for other diseases. So for example, at the lowest level, the health worker there can check the blood pressure. So she does that and if she finds that you need to see a doctor, if there is a physician assistant here, that physician assistant has also been mandated based on where he or she is working to write a certain prescription, they will do that. Then if they cannot do it at that level, they refer you to the next level till you get to a place where you have a doctor who has been trained to manage this and even with the doctors, if you have let's say a very junior doctor, he will do what he can do for you and then refer you to see the specialist. So we have people trained and hypertension is seen by the internal medicine so that doctor who is a trained doctor in internal medicine or physician as we call them the specialist or the family physician will see you, whoever is there. If you have any complication that has to be seen by another doctor, then they will refer you to that particular unit that has to see you. If you have to be put in a particular area, then they send you there, so the human resource comes in based on what you need as the treatment.

For that particular time but every level of healthcare right from the CHPs compound to the highest level, maybe Korle-Bu or whatever, we know what we have to do so that people give you at that level of care what they can offer to help you.

I: okay do you see the community and the patients themselves as stakeholders in the management, treatment and prevention of hypertension? And if you can just tell me probably the roles each one has to play or even playing now?

R: yes the community plays a lot, a very big role because sometimes they refer to them as lifestyle diseases, what you eat, what you drink, how you managed yourself in terms of your time. Are you resting, are you drinking enough water, are you eating and a whole lot of other things. That one depends on you. What you eat will depend on one what you have or maybe what you want to eat. Or what you want to take out from what is being served from the health sector. For example, the community is supposed to be, you know taking care of their health but some of them, well for one or two reasons may not be following instructions. Eating, drinking, exercise, all these things are shared when you go on TV and radio. Sometimes they even organise walk or exercise and the media also plays a role. They are within the community so sometimes media house will say we are walking for this, so they will call people to join them to walk so that they can exercise or they organise an exercise for them to do this. So the community plays a role. The other thing is that if you are a community member, you have one of these NCDs, you have gone to the community and you have been given medication or some instruction or something about the disease, it is up to you the instruction then report back to the hospital if you find anything not going well. But sometimes you find out people may have challenges adhering to a particular treatment. Instead of going back to the hospital, they will not go and stop it on their own. Or you are told that buy this medicine, you take it for one month but they will say my money can only buy for one week but they will not tell the doctor, so they will go and buy for one week and they

will not buy the rest. So they play a role, your health should be your concern as well, you see, that is it. Or you have people who are supposed to take care of others, like you have an aged person. This person cannot go to the hospital all by himself or herself, somebody has to help so there should be a community member or family member who will be able to help this person to adhere to treatment. That can also be a challenge. So we have the community playing a key role and once they have an idea of what the predisposing factors are and what they can do to prevent them, then they should try to prevent these diseases by living healthy lifestyles, yes, so that is how it goes.

I: okay, in a sense how do you think we can coordinate all these in a better way, to sort of give better care and better management from the human capacity in terms of the health professional, from the community, the media and even the individual, how can we best organise and coordinate?

R: I will start from the community, I think in the community we should continue with the education in the manner that they will also be involved. For example, if you sit on radio and TV, and there is an opportunity to phone in, that is good. It should not be just about you talking because somebody might not have understood something that you said but you give an opportunity to them to ask questions that is important. The other thing is that within the community we should have places that people can just go and have their blood pressure checked or they can have their sugar checked. Or we should train people who can screen to see if women have cervical cancer so the community structures must be there to support that and that means that the health sector in addressing that issue can now train the people at the lower level to pick the cases, not to manage them or not to treat them but to pick them and improve on the referral system because we cannot place doctors everywhere but we can have health staff who can refer right up to the doctor, so we need to that. So we need to improve upon our referral system and then we also need to improve on the numbers that can handle non-communicable diseases. The strategic document as I said needs to be relooked at. We need to look at it in the face of what has happened since it was developed. We have to look at whatever it was stated has been implemented, if it has been implemented, what has been the outcome. If it is not, is it still relevant looking at the data we have now. So the health sector can look at the numbers, because as I said we have the OPD statistics, we have in-patients statistics and then we have the deaths and then the complications that come. So we can look at these statistics and see whether what the strategic document said, we will be able to address NCD as it is now. Do we have enough people who based on WHO standards or based on our own standards, we will be able to handle them. Because once we improve on the community structure, it means that we will pick more people. Now can the health sector as it is now handle the numbers that will come. As it is now, without that kind of structure, we still have a lot of people coming, so imagine that we put desk there that people can come here and check their blood pressure and we find a lot of them, is the health sector prepared to handle them. So that is one thing that we need to do. So we need to improve on our numbers or increase the expertise to handle them and then of course we do all these with the logistics support in terms of the equipment that we use as well as the medications that we have. As we do this, again we need to ensure that we monitor, we monitor carefully and then address any issues that come. Once we do that and the community and the general public see that these things that are being done are helping them, they see now I am having

a better life. Maybe previously I always had a headache now I don't have a headache anymore, I can now tell somebody that when I went to the hospital, now I am feeling much better, now you can do that. The other thing is liaise with the private sector so we as a health sector, the public health sector that is the government Ghana health service cannot do it alone so we need to liaise with other sectors. And then there is also the traditional medicine. Now within the sector we have traditional medicine, the ministry of health has traditional medicine, so we look at how we can work together. If there is a claim, that this particular herb can do this, I think it is necessary to test it, we have the traditional medicine, we can use that to check to see whether it works or doesn't work and then monitor whether it is traditional medicine or orthodox medicine, just monitor what is happening and continue with the public education. That way, it will be healthy. Then we look at the financing, the financing, we see whether we can have medications that are effective but affordable for the people that use because some of them use it for a very long time, so is it possible? Then I believe that we also have to look for other non-communicable diseases which we haven't been talking about. One example for example is the Lupus. There are what we call the autoimmune diseases. So these autoimmune diseases we don't talk much about them but there are people who suffer from them. We can talk about sickle cell. Sickle cell you see that there are only a few places for example you go to Korle-Bu, the sickle cell.....but can they all go to one place? So we need to spread out so we make it accessible to other people and bring it closer to them. So we need to build the capacity in terms of the numbers of people who can do this. So I believe that with all these structures then we can get it better coordinated and like I always say, public health and clinical care have now to work together because as the public health talks about the prevention, they talk about the follow up, they talk about the predisposing factors, they talk about how you can prevent yourself from getting these disease or what to do when you have it. Then the hospital also treats. When the people are treated and discharged then public health goes back to follow them up. If there is any challenge, they refer them back to the hospital. So it has to be a complete cycle where public health and clinical care work together, they merge.

I: so with what you are saying, I realise there are barriers in the health system of Ghana, what are the key ones?

R: well you might say that, well I wouldn't say that. When you are working in the system you find out they are there but maybe they need to be strengthened. Like this public health and clinical care working together. We do public health, we do clinical care but when somebody is discharged, to do that follow-up at home and then seeing how this person is doing, if the person is being discharged for the public health to know and that is where the community health nurses that have been sent to the communities working within the CHPs zones are now supposed to be doing that; find people who now have a particular disease, see how they are doing, how do they get back into the health system, things like that and of course we work with the private. So if there is a private facility in that company it should be possible for that private facility to take over the care of this person. That's where I told you about the financing because if this hospital or health centre is accredited with the health insurance, then you go with your health insurance you don't have any problem. If you don't have health insurance or if the facility doesn't take then you have to pay. And this is where the community also comes in. There are still people who haven't registered with the health insurance, they have

their own reasons but I would say that register with the health insurance so that if you have any challenge, you can quickly go to the hospital without thinking of having money to pay for whatever service if it is covered under the health insurance.

I: okay, so now you can say the financing is a very huge problem or?

R: I will say it is a challenge which has to be looked at because if you would have to go and buy the medication every time, it becomes a challenge for you and that is why somebody will buy only five (5) instead of a month's supply, things like that. And that is why I also said that if we have a way of making medications cheaper for them and usually the generics are cheaper so if we have a way of making medicines cheaper for them then that will be helpful because if you look at it, these people who have the disease as they grow older, if you have gone on pension, how much do you have that you will use to buy this medication for the rest of your life? So it makes adherence a challenge.

I: okay, so with the point you just raised, do you think all patients have the same level of access to care in the country or some are more..

R: no, well you have more money you can decide to go anywhere. But I believe that there is an equity in the sense that every public health facility take national health insurance and we have government facilities all over so at least wherever you are, you can find a public health facility that takes health insurance so with that there is equity

I: so in your opinion, what are the key factors that are shaping or has shaped Ghana's health system today?

R: o there are a lot of things. You see we have gone through some transformations and we don't work as an individual country, we work within the global health system. So we look at global trends, we look at our own health sector, we look at prevailing conditions within the country and then try to shape our system and because we are not an island, we working as part of the global picture for example, when there was the MDGs, Ghana was part of it, now we have the sustainable development goals, we are part of the SDGs. And then we also work with partners, so partners also come in and they support areas of our work so we work together. And in-country we have the UNICEF, the WHO, we have PATH, we have a lot of other partners who are here, who take, who work with us based on their focus and together we work like that and so it is not that it is one thing and the other thing is that because the population dynamics have changed, we look at the Ghana Demographic and health survey we see what is happening, we look at our own statistics, we see what is happening and then we try to shape our country, the health of this country along that line. And that also informs the training. How many nursing schools, there are now so many of them compared to a few years back. Or you look at medical school, when I was in the medical school we had only two (schools), now we have more than two. And now even the specialization, where people specialize, you find that there are diversity, diversification of specialization and now we have even introduced telemedicine, so now that is another thing. So now somebody who is at the lower level can see a patient and with this telemedicine, the person can take a picture or can send the details of this patient that he or she has seen to the hospital, to a doctor in the hospital that this is what I have seen. If the person went to do some lab test then the nurse can put the lab test results on it and forward to the doctor, if it is an x-rays, they can send the

x-rays. So we have telemedicine now also introduced to the country and that will help with our NCDs, because somebody might find something somewhere may not even have an idea what it is but can send the picture and the history of this to the doctor, they can make a diagnosis and say refer to us or do that, whatever is necessary can be done, so there are so many things that have shaped the...and then also the politicians, because a minister, a president, somebody might also have a focus. Let's say that somebody decides that I am going to work on hypertension, diabetes, sickle cells, these things, you see that the country will be going towards that direction. If another person comes and says that I am interested in child development you find that we will be going in that direction. In addition to all that I have said, whoever is in the helm of affairs, in terms of our ministry, in terms of our country can also influence the direction that the country will go but all in the interest of care because everything is important.

I: is there a national policy or direction of how our health system should grow and be like whereby you know in this that in the next 10 years we should have tackled or we should have dealt with this or it's just being guided by the SDGs and previously MDGs?

R: no, no, no, we have our own. We have our own national policy. We just came back from Kumasi, last week we were in Kumasi and after that meeting you find that they will come up with what the direction is. So that is how we do, we look at 2016, for example there has been an assessment of the health sector, so they look at how we performed in 2016 but we always have a document that guides us, let's say a five year document, so between this time and that time, this is what we are going to do, so as a country based on so many things, we have that. Let's say we have cholera, WHO may not have cholera as but we should have it as a priority or we have malaria, or tuberculosis, whatever is within the country is of priority to us. But then in addition to that we look at internationally and see which of these international policies will be good for the country and we also go along with them. Other countries may choose an area we may not choose or we may choose an area where another country may not choose. So it is not just about the SDGs but the country itself.

I: you mentioned the political direction. Can it be that the Ghana health service, ministry of health might have a direction but because of political influence they might just be changing things or distorting things or they also go according to...?

R: you know after the meeting in Kumasi that I talked about, there is, and these things are put down in a document and it is done with the partners, so you cannot just change it like that. It is a document that is there and we go by the document because it is a plan, it is a five year plan or something and we have to work, and it is based on review.

I: and research?

R: yes, we also have a research team. I will just say that we need to improve the research bit more but we do a lot of the analysis of the report that come, so you find that every month they look at what is happening, region by region. And then the region also look at district by district, so we know that one particular region, this is a challenge. So in addition to what the whole country is looking at, we have to focus if it is this region, we have to focus on this and make sure that we support this region to overcome this particular challenge. Not too long ago we had meningitis in the north, so that one it is not the whole country but it is very

important so you will find out they will support it. Not too long ago, we had a lot of cholera in Greater Accra so they support Greater Accra to address that but if you are talking about hypertension; hypertension is everywhere, diabetes is everywhere, then those ones are the things that are done. And that also informs the kind of procurement that we do.

I: so what is the current public health challenges in Ghana, with all these?

R: we have, of course hypertension and these things although they are treated in the hospital, they are still public health challenges and then we have maternal mortality. We have newborn deaths; there are improvement but we still need to do better than we are doing now

I: our facilities are not equipped enough or?

R: you see, for me, survival is not just about the facility, it is about all of us. You have a pregnant woman who is at home, who is feeling dizzy, if at the hospital will not know that she is feeling dizzy, she has to come but it is up to me to let her know that if you are at home and you are feeling dizzy, come. So it is not just one person and that is why we have to work together and that is why I talked about public health and clinical care working together but the individual and the family and the community are key to us getting this. You have a pregnant woman who goes to the hospital and they tell her that you have to have a caesarian section, if she doesn't understand that she should have a caesarian section, you will be amazed that she will go and she will not come back. Only for her to come when she is in a very critical condition that even as we speak, sometimes we have pregnant women who go to the hospital and they get there dead. In the mean time she went for antenatal and you go through her card and realised that she was referred. But probably she did not understand or she thought that I can do better., so I will not go only for her to come in that state. So it is not just about the hospitals not having what it takes although there could be improvement in our places. For the Greater Accra, one of the key things that we need is space. Because people keep coming into the region but the facilities that were there some years back that was catering for some people, a number of people, these same facilities are now catering for more people, so space is a challenge. So it doesn't depend just on the health sector although when you come to us it is our responsibility but we also have to encourage you to come and come early.

I: [giggling] okay, I mentioned public health challenges, currently, what are the public health challenges? Is it about a patient not getting the right information or there are other current healthcare challenges in the country?

R: you see, people have to be interested in their health. If you take somebody who decides that I will drink every day, although the person knows that drinking is not good for me, we will continue talking, we will continue to let them know what harm you can do to yourself but the final decision rests on that person. I believe that the health sector has to do more and the individual has to do more. I will not say that it is one person that is not doing well, but the health sector has to do more, the individual also has to do more.

I: so from the opinions, the first opinions, the public health challenges, the current healthcare challenges, you see that, do all these things influence NCD programs?

R: they would because if we don't have the sphigs to check your blood pressure or there are so many sphigs that are coming into the system, some of them maybe good, some of them may not be good. The Food and Drugs Authority, the standards board or authority, all of them, whatever equipment is being used here, we have to make sure that that equipment is actually sensitive enough to pick what it has to pick. the medication that is being used must be potent to do what it is meant to do. So all these people coming, now if we don't have those things, then the health sector, the hospital may not be able to do its bit, so it is not just one thing, it is a multiple something, it is not just one thing that will help us to address the NCDs but I think that there are still the need to continue talking because behaviour change doesn't take one day, people know the right things but they will not do them. And you see Ghanaians too, maybe even where to walk. If you walk along the road now, even the pavement have been taken over by hawkers. So you find that somebody could be interested in walking but where is the person going to walk so you see that that one goes beyond help, this is where the assemblies will come in and the individuals will also come in or you find people sitting at places that are very dangerous, a car can easily knock somebody down but the person will tell you that I need to eat. So it is all of us; the district assembly, the individual, the health sector, everybody has to be involved.

I: initially when we started I asking about whether there are policies guiding implementation of programs for NCDs, you talked about national strategic, is it still being carried out?

R: that's why I said that there is the need for the sector to look at it. Review it based on what was written and what the current situation is. Every day, every month, every year we know how many people have gone to the hospital one NCD or the other so we need to look at the document again. That is my believe that it has to be looked at again. But there is a unit that is in-charge of NCDs at the Ghana health service. We have a unit under the institutional care division that is looking at NCDs.

I: so they are into the policies and the frameworks of?

R: yes you see, once that is done, it should be translated to action at the lower level. At all levels of healthcare because the policy...

I: is that what is missing now?

R: no, I said that they have a document. There is a unit that is responsible for NCDs. What I am saying is that, in my view there is the need to take that document, see whatever that was written is still relevant as it is or there is the need for a change but the good thing is that, there is a unit that is responsible for NCDs

I: so do you think government will, will sort of push that agenda much faster and push it forward in terms of NCD programs and probably just like you have talked about better public education will also help and the individual minding his health conditions

R: for example adverts on TV, we have a lot of alcoholic adverts on TV and sometimes you wonder, why are there so many adverts on alcohol and they do it in such a way that you know somebody who has low appetite may not go to the hospital to find out why my appetite has gone down but will go and buy alcohol and drink to the extent that anybody including pregnant women will even do that not knowing that when you drink alcohol when you are

pregnant, it's just like a baby drinking alcohol, so that why I said that everybody needs to be involved. On the side of government, our regulation agencies that's why I mentioned the Ghana Standards Authority (GSA), the Food and Drugs Authority (FDA) and all these people, they will be mindful of medications that come into the system, whatever things we use here, to make sure they are checked and whatever needs to be done is done and that is being done actually. When we do procurement for example, we need to send samples of whatever we need to buy to them to check to make sure that they contain whatever they say it contain, so that when we are using them we are sure that it has been checked and they are okay to be used and then we are also doing what we call the adverse event reporting. So if a medication is brought and people take them, if you take it and you have this or that, report. We send to food and drugs authority again and now they can call for the batch. They do it for so many things including condom and whatever. So they make sure that whatever is coming into the system is actually what needs to come into the system.

I: I think I can confirm with that one, I worked there a little when I was coming up. So initially I was talking about, giving introduction about the COMHIP project. Did you hear about it before I even introduced it to you?

R: yes in Kumasi there was a presentation on it

I: oh okay, okay,

R: somebody did a presentation on it, so I was there

I: oh okay, that was Reina. So have you been made aware of the implementing partners of this project?

R: well, at that place we were told about the stakeholder like FHI 360 and that they are working with Ghana health service, with the community, with chemical sellers and some other...

I: s have you been sensitized about these stakeholders their roles in the COMHIP project, like the licensed chemical sellers,...?

R: at that meeting she mentioned some of the things they are supposed to be doing and even the fact that they use mobile technology as well and when they pick them, they don't treat and some go for refill

I: hmmn, so it is sort of new to you?

R: no, no, no, in fact I actually had a group of nurses myself. I had a group of nurses who were doing a similar thing. I bought the sphigs, I bought the glucose test kit and all that for them. So they were going round and I had arranged with one of the hospitals that when they go into the community they should check peoples blood pressure, as for the sugar because usually when they go the people have eaten, they do the random one but especially the blood pressure, the reason was that, we did screening for a church and some of the people had blood pressure of 200 over something and they were not even aware, so some of them we referred immediately to the hospital to continue with treatment and then we had a list of all the people, those who had the abnormal blood pressure reading so we were following them up on phone and then these nurses were supposed to be going round. Let's say they take one

area they go round house to house and then check the blood pressure especially the blood pressure because it will be so difficult carrying out many tests but I bought the sphygmomanometers, the small ones, not the android one, the other one, bought it for them to go round and check the blood pressure so it is a similar thing. The only thing is that, that one, nobody funded it

I: it was out of pocket funding?

R: I bought the sphygmomanometers and all those ones myself

I: wow, I think it was a similar thing to the COMHIP, so have you been able to critically review this COMHIP?

R: no, no, no

I: so until the meeting of last week you have not really had much information about the COMHIP project?

R: no

I: oh okay, I wanted to ask if you think it has been acceptable in the community?

R: well from what they presented, some of the people that they, if I remember correctly, some of the people that they saw were known hypertensives. some of them did not know, some of them knew but probably stopped taking their medication. The only challenge I have with some of these things is that once the funding stops, then you may go back to the previous level, unless the sustainability is built in right from the beginning. For example the one that I did with these people, we wanted it to be sustainable right from the beginning, so now, they were, they had completed school, so now one posted here, one was posted there so now we had to suspend it but I believe we are going to start again and I believe that we should find a way of making it sustainable right from the beginning so the way to see that is to see how it can be funded in a way that is sustainable and not depend on donor funding because very soon the donors will go

I: so at least the concept that COMHIP is implementing is what you also..

R: we call them, ours, we called them the visiting home nurses because they were going to the homes, to the community to do that

I: so since it's being done in the lower Manya Krobo, something you have done before, do you think there is the need to upscale it to other regions?

R: yes but like I said it should be done in a way that is sustainable, we have a lot of, this one for example they used volunteers right?

I: yeah, volunteers were part of it, licensed chemical sellers were also part, they identified some nurses; they called them CVD nurses, we had some pharmacist and some doctors all being part

R: yes it is good, it is okay, like I told you, ours, I had a hospital so when I was going to work is to in every community that they go, find a hospital and link up with them so that when they find any case they refer them to the hospital and then encourage them to register with

the health insurance so that going to the hospital will not be a challenge, so that they will not think of whether I have money or I don't have money

I: so and then since you were recently made aware of this initiative, I cannot really ask some questions but I will take what you are saying on the sustainability because of course definitely the funds will end and then what are we going to do? But what do you suggest in terms of sustainability?

R: one of the things is for the people to be registered with the national health insurance. The other thing is that the CHPs, you know now we have a lot of the CHPs compound, so the people at the CHPs compound must be involved now, so they know that somebody can come to the health centre not because the person is sick but just to check the blood pressure. So once there is that understanding between the community and the CHPs compound then when they see people coming they will not be angry that you are not sick, why are you coming? So they know that, yes, the community has understood that we have to screen and prevent this, treat you early so that you don't have complications. When I see them coming then it is because that is what we have asked them to do. Right from the beginning, whatever facility is there must be involved.

I: you think financing will be a problem when it comes to getting it to other districts and probably progressing to all the country?

R: if you look at the structure of service delivery in Ghana, we have a very clear levels of service delivery, so if they look at that and integrate this into it then it isbecause whatever partner you work with, at a point that partner will go and that will be when the project has reached a very high...

I: it's peak?

R: yes, then when they go you find out it comes out like that to the level where it was before they came in, so that will be my suggestion.

I: okay, so what are your hopes? You have mentioned a lot and you have been great. Just one or two last questions, what are your hopes and aspirations for preventing and treating NCDs as it evolves, because you mentioned at first it was with the older folks, now coming to younger ones, so what are your hopes as it evolves?

R: my hope is that people will understand that these NCDs are preventable, some of them are preventable not all of them, so the ones that are preventable, they will do what they need to do so that they don't have them.

I: you mean the patients?

R: yes, so they know, because when you have it, your life is not the same. It affects your quality of life. Imagine swallowing of pill every day when you could have eaten a different kind of food or walked more or done something else. So my hope is that people will know more about it, especially the prevention side of it and then we also screen early. We don't wait, we screen early and then we include the other NCDs which are less known.

I: so these aspects comes for the higher stakeholders and not the patients?

R: because you see I believe that yes we need to let people know about it because for example, the autoimmune diseases, the treatment is quite expensive but then some of them are diagnosed very late because the presentation, I mean how it shows is like any other condition, so you find that we may miss the diagnoses, so that is why I believe that from the health sector point of view, we should be talking about the other non-communicable diseases so people are aware, so we should create more awareness. We should train more people who can handle the disease so that we have more people having access and then we should also let the public be aware of especially the pre-disposing factors and how they can manage them so we prevent them. When the people come down with the disease, to treat them well and reduce the complications and deaths associated with these NCDs, that is my hope. We can live life as normal as possible and that means that we should get everybody involved, where are the parks that we can go and walk, people can go and trot. You trot by the road, if you are not careful, an indisciplined driver can knock you down and it has happened before where people were on the road jogging and they knocked down by cars, it has happened before. So we need to have discipline in the system in terms of people abiding by the rules and all that, so that is my hope.

I: okay, thank you. Now, still, just trying to drain everything from you. Any final thoughts?

R: there is another person coming to interview me

I: oh sorry sorry

R: [laughter] oh I think that we should look at the sustainability and see how we can make it sustainable, it is for how many years? The project is for how many years?

I: it started in 2015 and I think it should be ending 2017 or early 2018

R: okay they can look at what has happened and see how many people have been reached, and how many people have been diagnosed and which people's life have been made better by this and that will be all for me

I: thank you, thank you very much for your time.

R: my pleasure

I: I am sure I have taken much of your time. I am glad for your indulgence and we have brought it to a successful end. Thank you. I would like to hereby stop the interview.

END OF INTERVIEW

TRANSCRIPT OF IN-DEPTH INTERVIEW OF POLICY MAKERS-COMHIP EVALUATION

3

Interview Begins

I: ok, so thank you for the brief introduction, so next I have a few general set of questions I could just add. So the first off, in Ghana, do you have a national policy or strategy for hypertension and cardiovascular diseases.

R1: not that I am aware of. I know that there is malaria policy, tuberculosis, HIV AIDS. For diabetes and hypertension, I am not aware of whether there is any specific policy.

I: what about a registry for these NCDs, do you think there is a national registry, a district or a regional one that sort of guide

R1: no I am not aware. I have heard some discussions with the effect that there should be some registry, I think that they were talking about cancer s there were some discussions about having a cancer registry but as to cardiovascular diseases, no, I am not aware.

I: but who do you think are the stakeholders in the health system of Ghana when it comes to treatment, prevention and management of hypertension

R1: if you look at the ministry normally the policies are coming from the headquarters and it cascades down to the other agencies. So the ministry will have a policy then the various agencies I mentioned earlier on then have specific roles. So like the service delivery will have their role, the regulators will have their role, the academia will have a role, so it will be a multi-sectorial approach. Because if you talk about CVDs the treatment aspect will be there, there will be education and that kind of other aspects

I: so the education in terms of health promotion agencies?

R1: exactly

I: does the pharmacy council have any form of health promotion agency that deals with if not cancers other NCDs and hypertension

R1: if you look at our mandate, we have a department responsible for education and training but this has to do more with the pharmaceutical service providers that is pre-registration and post-registration training. So for instance in the post registration training, now we are more in the accreditation. So we accredit other agencies to do the training. Notwithstanding we can have an influence on the content of the training so for instance, if CVD issues are topical issues, we could influence them in that direction that maybe in the training of the service providers include such a topic in your CPD(continuous professional development)

I: or curriculum?

R1: exactly

I: okay so with all these and I'm sure with your experience both in the regulation and practice of pharmacy, can you tell me how the hypertensive care and treatment is done in Ghana?

R1: like I said before we are strictly in to regulation, we are not into service delivery

I: but the regulation, in terms of your people, the pharmacist on the ground who have shops here and there, they are part of the chain of health care delivery. It cascades to them, whereby a doctor gives out the prescription and the pharmacist has to give out that prescription to a patient. That's what is being asked, I don't know if you are aware of such a thing?

R1: o yes, even in the community level they play, they even play a role in identifying cases. Because sometimes they do some simple tests to find out your condition and they recommend or they ask you to go to the hospital for further checks. Once you are prescribed, you know it is at the community level that you are being managed because you go for your medication for the refill and all those things at the community level if there are complications, they will also recommend you to...even at the hospital set-up, we have clinical pharmacist there so they also go on the ward rounds, they advise on some of these issues when necessary. So they are involved in the identification as well as the management.

I: sorry if I bring you back, can give me the very core mandate of the pharmacy council of Ghana?

R1: the law says that we are supposed to regulate pharmacy practice in Ghana.

I: what does it mean; pharmacy practice?

R1: okay looking at the service providers and the conditions under which they are practicing

I: so you mean the pharmacy shops?

R1: okay first of all you have to look at the pharmaceutical service providers: pharmacies, over the counter medicine sellers and any other practitioners within the pharmaceutical sector. So that is one, then you are looking at where they are practicing because you cannot regulate the practice without looking at the conditions. So the area or the location, the tools, all the other accessories, the books come under pharmacy council. You have to have certain basic infrastructure to practice pharmacy

I: the very main question is about the licensed chemical sellers when it comes to the management, treatment and prevention of hypertension. It is generally known that licensed

chemical sellers are not supposed to stock certain kinds of drugs especially the prescription drugs and if it comes to hypertension there is no difference but if you are aware there is a current upsurge of NCDs and in particular hypertension and if that is the matter do you think your policy as a council not to allow licensed chemical sellers who are everywhere in the rural setting and even in the urban setting to stock such drugs to make it accessible to hypertensive patients in management of their disease state or hypertensive state. Don't you think there should be something done about it?

R1: [giggle], let me go back a bit. We all believe that these conditions are on the surge that is the believe but I don't know maybe you can help me whether you have the real statistics to back that issue up. That is one, because it is one thing believing but we should have the statistics to show that maybe for the past 10 years this has been the trend

I: okay if I can answer you I think, we have had in-depth interview with Dr xxxxxx, the regional director of Ghana health service, Accra, we have had one with Dr xxxx of the Eastern region, and just these two people they have realised in the data they have collected that this is something that is on the increase in Ghana and even in people who are not that affluent. Also referring to literature, it also talks about the upsurge of hypertension in Ghana. So the main or core of this line of question is how to make the treatment and management of hypertension better in our system in our health care delivery. The pharmacy council is a vital stakeholder in directing such an intervention.

R1: in terms of the, you mentioned licensed chemical sellers but they are now called over the counter sellers in a way and the categorisation of medicines is actually done by food and drugs authority not pharmacy council. So they do the categorisation but you also mentioned early on about policy and I said that these policy is directed by the Ministry. So if you take malaria for instance, those days they were banned from, over the counter (OTC) sellers were banned from selling certain malaria medicines but because of the nature of malaria which assumed a national issue, the ministry got FDA to reclassify the medicines and get certain medicines into the over the counter area so that OTC sellers could sell. So those days artesunate amodiaquine were not over the over the counter medicines but now OTC sellers are allowed to sell them because of the national policy. So we could look at it from that angle that if it becomes a national issue that yes, this is where we have gotten to and we need to involve everybody. Just like the malaria, there was an elaborate program that was put in place which involves sensitisation and training of the over the counter medicine sellers. Why we don't allow them to sell certain medicines is that they are not really trained t that level. So if you look at their background, they are varied. The minimum requirement is Senior high school or O' level and they have no knowledge in medicines at all, so that is why we have allowed them to sell over the counter medicines which has a high safety ratio, so we don't want to venture into areas where they cannot even advice the patient as to the proper course of treatment but like I said if it becomes a national issue then it is not just asking them to sell. They even have to be trained over a period to be able to even dispense such medication. But for now we don't consider that they have the knowledge to do it. If you could even broaden the argument, the same can be made for other health issues. I was in the Western Region some time back and you travel for about 70 km and you don't have any clinic anywhere. So even if you take hypertension what happens to those people when they are in hard up conditions when there is no even a clinic anywhere? So as a nation we have an issue not only

in the CVD areas but there are other health issues that you have to look at. So if somebody let's say a woman is in labour in a particular locality and there is no clinic 50 km to that woman, what happens? So she has to go to the nearest health facility. So should we make the argument that people must be trained to run clinics at that level? The issues become complicated.

I: I think that's why we have the community health officers who go round the community especially to take care of mothers just to manage the maternal and child health mortality in Ghana. So the community health officers are mostly trained in that

R1: yes I know them, the CHPs compound but they are limited in their scope. So for the majority of our people they still have to travel long distances to access basic health care.

I: okay so sister Alberta, what do you have to say considering this policy that is hindering licensed chemical sellers (LCS) from stocking and selling anti-hypertensive drugs?

R2: like my boss rightly said their license is a limited license you see, and they are not trained to be able to run a pharmacy there should be a research pharmacist on the premises because you know medicines are not like provisions or other articles of commerce and depending on the kind of medication even the therapeutic window and even some doctors may make a mistake on the prescription and it will take a trained pharmacist to be able to tell when there is a problem with the prescription so you cannot just allow anybody who has not gone through the required training as a pharmacist to dispense an important medication like an anti-hypertensive. You see just like my boss said it is not just about dispensing or selling the medication. There are dispensing instructions that normally go with it so are we now going to say we are taking all the over the counter medicine sellers to train them on the management of hypertension and teach them the various classes of anti-hypertensive, I don't know whether you have any medical background but there are so many classes of anti-hypertensive and each of them have their varied indication and the circumstances under which...the treatment is done to suit a particular patient. So are you now going to train all the over the counter medicine sellers? For how long? And we believe that if you look at our mandate, we are supposed to ensure equitable distribution of pharmaceutical services to the best of the ability of the council so as much as possible we try to make sure that pharmacies are evenly distributed all over the country, that is what we actually strive to but in the case we are not able to get a pharmacy then we give a limited license for an over the counter medicine sellers so that they will provide some level kind of first aid while the person seeks proper medical attention from maybe a pharmacy or a clinic

I: you first mentioned the policy comes from the ministry of health and then it cascades to the other various institutions but in the long run we are all part of the health delivery system of Ghana so what if you identify a blockade and maybe this being an issue, can't you just push it and say of course all the licenced chemical sellers that are going to be given that license or accreditation to stock certain drugs so probably let's identify some districts and sub districts and let's train some people and probably not stock all but stock the most critical hypertension drugs so it will help people in the rural areas to access this. Because mind you it can happen that somebody knows he or she is hypertensive he knows he's has to take medication but he has run out and he has journey 50 km to get to a health centre where there

is a pharmacy because of all these he decides not to go then there is no management of his case and it brings all the other complications. What do you think about this?

R1: just like you said we could also initiate certain policies to address some of these issues so we look at, if you look at what you are proposing, what we started is what we call the district pharmacy program. What we attempted to do is to identify deprived areas and say that you could have a pharmacist at a certain location and have satellite pharmacies in certain deprived areas where he may not be there all the time but either by phone call or by other means he will be able to direct other activities at that pharmacy and then periodically visit to make sure that things are done properly so that is the way we are pushing it because we think that, that will be a better solution to some of these problems. Like I said, we are not looking at only one situation, we are looking at the other issues. So that is how we are trying to respond to some of these issues. So that is the program we are pushing, it is called the district pharmacy concept

I: how far have you gone with that program, when was it started and which regions or districts have you initiated these?

R1: oh it has been in existence for some time now. I remember we issued some licenses in the central region and I think some were done in the upper west or something and Ashanti. So it is not all the district but we identified deprived areas. So when you submit application we look at the condition on the ground and so you can have, now the situation is that as a pharmacist you must be present or you can only superintend one pharmacy because you must be present there but where the situation is critical then as a pharmacist in a pharmacy in let's say a district capital you can have about two or three pharmacies in certain locations in the district so that you provide the assistance to run that in a professional way

I: so its not a country wide thing but only in selected districts, which districts are these?

R1: we are looking at the deprived for instance Greater Accra is out because it is virtually everywhere you pass in greater Accra you have a pharmacy

I: can't we upscale such a laudable program in the case to fight NCDs

R1: you mean in terms of the district pharmacy?

I: yes

R1: that's why I am saying that it is in deprived areas so once that area is identified as deprived

I: so is it an ongoing program?

R1: yes

R2: and it is not the pharmacy council that is going to set-up the pharmacy in that deprived area. Somebody will have to apply to the area even though the person might not qualify per our strict sense of supervision because it is a deprived area, we give the person a concession that you can superintend a particular pharmacy in this deprived even though by our strict rules we do not indulge that but so that, that area will also have pharmaceutical care

I: for the study we are talking about, that is the community based hypertension improvement program (COMHIP) is being done in the lower Many Krobo district and at the start of the program, the implementers: London School of Hygiene and Tropical Medicine (LSHTM), FHI 360 and the School of Public Health, they engaged all stakeholders with the pharmacy council being part trying to come to terms with the pharmacy council to help give certain concessions to identified licensed chemical shops and sellers. It has been two years since this intervention...

R1: have you submitted any reports that will guide us in our policy decisions because we want to have a report done to see the findings of the study so that we can base on that

I: this engagement with the pharmacy council and the other health institution was done prior to the intervention to see how best these chemical sellers can be involved in managing hypertension in the rural levels. This evaluation that we are doing is part of gathering data to make informed decision to go back to the various stakeholders

R1: my point is that you did a baseline survey, and you then an intervention, we want to know what has been the impact of that intervention so then you can make a proper case that when we involve these people, this was the outcome then we can think of

I: there is data for it and I am happy it is being recorded on the tape so that the people managing it LSHTM and FHI360, they will get to know about such suggestions and they can take it from there. But as part of gathering information, after the baseline, data was collected: one is self-management whereby the people enrolled on the program after a period of 6 months we tried to ascertain how they have managed their hypertensive situation and also check their various readings. This was done by the help of trained community nurses. Some of them are also community health officers so it's like all these people were trained in the detection and management of hypertension to their skill set. So when it happens the license chemical sellers directs them to the CVD nurses and depending on their state they either try to manage it on their own, when it is too much beyond their skill set they refer them to the physician

R1: When you say manage what do you mean?

I: It terms of regular checking of their BP, in terms of recommending what they have to do, in terms of their diets and exercises and if the person already knows its hypertensive and probable wasn't been adherent to his medication they try to encourage him. They also have a mHealth platform that they send them messages reminding them of the time to take their medicine and also the time to go and see the doctor so these are what the CVD nurses do.

I: So the question is hypertension a priority for the health system of Ghana and also in particular as a pharmacy council, though you regulate and accredit professionals, do you see it as a priority disease that has to be manage?

R1: We see that way because I earlier mentioned to you about Post registration training and if you look at the post registration training for the pharmacist over the years you will realise that hypertension, diabetes have featured a lot. For over the counter medicine sellers most

of the things that have featured are family planning and malaria because that is what we recall on them to manage at the local level but for the pharmacy, hypertension and because of the associated risk, it features a lot in the CPDs that have been organised over the period. In fact this year one has something to do with managing renal failure in hypertension so for the past ten years I can say that maybe 80% of the CPD have focus on hypertension and diabetes.

I: So like you mentioned how have it change over time this priority has you accord to NCDs and hypertension, do you see it as a rising priority or something that is where it I for the past ten years?

R1: If you look at the CPDs we normally organise, normally it is a study to find the tropical issues that needs our attention and so those are the issues that comes up and that is where we have been focus on over some time now.

I: Okay so when it comes to the pharmaceutical and this shop drugs, how is it finance in Ghana in terms of acquiring certain drugs, like you said like priority illness of the population? How is the pharmaceutical industry finance, how is the provision of drugs to the various district hospital finance

R1: We will have to look at it from the two side, the private and the public sector. So the public sector is where we have the regional hospital, central medical store that's goes to the regional medical store and service delivery point even though sometimes they even buy some the open market from their IGF and the rest so that is the public sector. For the private sector it is mostly private finance so they do their own purchasing in the open market and they sell it and sometimes if it is through the NHIA and they get reimburse over a certain period but for most people they just walk into the over the counter medical store or pharmacy shop and pay cash.

I: How does the NHIS come in in terms of financing the drugs?

R1: In fact I will need to check because I don't know whether hypertension I even on the list. Hypertension and diabetes I don't know whether they are still on the list because I know whether a hypertensive can walk into a pharmacy and then take the medicine and then the pharmacy will be reimbursed because that's not normally how it works. The doctor prescribe for you and then you will go and take your medication and then go will go home so I will need to check that one out.

I: So as you know your professionals, the people you regulate and accredit, they are valuable in terms of the chain of delivery of health and you mentioned they go through CPDs and for the past years 80% has been focus on hypertension and diabetes so in the care and treatment of hypertension to patients, what exactly do they do and how is it coordinated, what is done from the moment they detect that this patient coming to my shop or this patient visiting this hospital is hypertensive. How is the care giving from your side of the table?

R1: It's virtually no different from what you were describing early. For instance somebody goes into the community pharmacy, in fact to tell you something, for some time they were not even doing it. It was even a taboo area so that's why when you send the chemical sellers to engage it I was very curious because there was even an opposition to pharmacist doing

certain checks in pharmacy like running hypertension checks to just trying to check whether your pressure is up. Some people thought pharmacist were trying to practice pharmacist so there was even an opposition to it but I think we have move beyond that for now. So some comes to the pharmacist and maybe through certain complains you want to run a certain check and you will see the BP is high so just like you describe the other own you will recommend to the person to go to the hospital. So they go there and the proper diagnosis is done and the treatment is initiated from there so the person will probably come back to you with a prescription and you will monitor the patient has in whether the patient is improving or something else is happening.

I: So it is something that your professionals practices in the various district?

R1: Yes in the various district either the hospital or the community pharmacist.

I: So it is part of the care plan you give or you are supposed to give?

R1: Yes

I: So in terms of your human resource do you influence the distribution of your pharmacist across the country whereby we done have most of them situated in the urban areas and then lacking in the rural areas? Do you help or shape the distribution of the human resource in the various locality in the county?

R1: There are two ways you are looking at it, the human resource or the facility. The facility we regulate their distribution so even if you look at the act both the pat and the current one, it talk about ensuring equitable and accessible distribution of pharmaceutical facilities so we must its equitable and accessible. So that is done, for instance if you want to site a pharmacy, it should be a certain distance form an existing pharmacy. We use to have all the pharmacy concentrated in the commercial areas but now we have been able to have pharmacy in certain areas that they were not prepare to go so that is done. At the person level it's the same thing. We have had a lot of engagement with the ministry so for instance a lot of pharmacist are posted to district so it is part of the policy that every district should have a pharmacist so they do post pharmacist to the district. They start with their internship so ones you come out of school you are posted to do your internship there, you will then write your exams and sometimes you will end up been there or that is also done

I: You mentioned about this contention that you are giving in certain deprived district. Is it the only program you are running or there are other program to control and manage non-communicable disease and hypertension in Ghana?

R1: With what I mention earlier, I told you we are not looking at one disease condition. We are looking at pharmaceutical services in general so there are policies to make sure that pharmaceutical services are available so it may be for what you are talking about and also may be for other condition. But the point is that it should be available and accessible so we are not looking at one condition but pharmaceutical services been available and if available all other issues can be address.

I: What are the challenges that is hindering any program that you are running? Are you having any challenges probable with the coordination or implementation?

R1: With the pharmaceutical services delivery we are looking at the number of pharmacist in the country to begin with and they are still not enough. We also have problem with the long standing issue of remuneration. Let say somebody is in Accra or Kumasi, he or she can do other thing beyond maybe going to the hospital or the community pharmacy but if you put someone in the district where the facility are limited, the opportunities are limited so nobody want to go to the district or certain district so that is another issue because let say the north, if you go certain district and the district capital is not really such a big area, if you send somebody there the person is not willing to go so there is always that reluctant to go. The district pharmacy concept we were proposing have to have certain personnel in certain area. It means that the pharmacy must be in a certain district before you can even move to the district then to the sub district. So if one person in let say Tamale and all other district don't have pharmacist it's very difficult to implement such a policy so you will need pharmacist to be on the ground in certain district before you can even push it so the numbers and pay always has been an issue

I: So is that your biggest challenge in managing and coordinating your programs?

R1: There are other issues like when it comes to enforcement there are other issues. Even education is an issue, people appreciating even the law is an issue for their own interest. Logistics is also an issue. We as a regulatory body logistics is an issue because one of our mandate is to monitor the facilities and see that they are doing the appropriate thing but we don't even have the logistics and the personnel to do that. Currently the three northern regions we have one pharmacist inspecting the pharmacies and you will expect that person to do administration work as well as monitor facility across the length and breadth of the region and it's very difficult.

I: So patients don't have equal access to care in Ghana?

R1: Yes, in fact in Ghana the health facility are skewed. If you look at the health facility and hospital are all skewed towards the urban centers.

I: What do you think is the solution to the problem you have stated?

R1: There have been a sector type of like I said the policy do come from the top and there was a place they were talking about differential pay where you will go to the district and the salary difference will be something; we've talked a lot about policies but we've not been able to implement them but now what I see happening is that by and large the opportunities in the urban sectors are getting choked so if you want the ministry to employ you can only be posted to this area and whether you accept it or not get employ. If you recall there was even an attempt to employ people base on facility and I know the Ghana medical and dental council oppose to it. Now the ministry of health employs everybody but they wanted to shift and let say if you go to Korle-Bu then let Korle-Bu employs its own and all the other facilities will employ their own but now the ministry employs you and post you. So if the hospital is in a particular district the approval will be done by the particular district, the hospital will conduct the interview and employ you but you are within that district but all this things have face some challenges but I can say the situation is quite different now because some five or ten years ago there were district without doctors and pharmacists but now it has improve somehow so now more and more people are going to the district

So much concern is related to the NCD program since it is something that is going and you've talked a lot about it in a sense that yours is not just NCD but is the whole aspect of primary health care.

R1: Let me just explain that because we are not service delivery we are not so much into a particular condition but we look at pharmaceutical services so if we have pharmacy we are supposed to provide a whole range of pharmaceutical service and it doesn't matter which condition you are referring to and even when it comes to antiretroviral medicines if there is a pharmacy there we will be able to provide such services to those who needs them so we are looking at having the services available to all the disease conditions. That is why we were talking about the license chemical sellers that you mentioned that they have a limited license so they cannot do certain things beyond over the counter medicines but the pharmacy has the liberty to do all

I: And do you see the policy changing whereby certain contention just to manage the growing trend of hypertension?

R1: That is what I'm saying we will need to look at the report, we will need to look at the intervention, the impact because if you don't have the data to back what you are saying it will be difficult

R2: and with antihypertensive we don't have small or big classes of antihypertensive. Whether is as small as Bendro or big as HCT, it still an antihypertensive so its look like we can say that this antihypertensive are a lower class so to speak so over the counter medicine sellers will be giving the liberty to sell. An antihypertensive is an antihypertensive and the instructions that goes with antihypertensive will apply to all the medicine under that class because the indications and the instructions are as important as if anybody was taking any other antihypertensive

R1: And with such condition you will need to also monitor the patient because it's very critical

What's the way forward when it comes to this challenges?

R2: Maybe we should encourage more pharmacy to be at the rural level so that the rural people will also have access to the pharmaceutical care by a pharmacist and not over the counter medicine seller and I don't know how the Ghana health service will help in the promotion of that like probable they will be giving more remuneration or incentive that will motivate them or to a pharmacist or a business man who will want to go and site a facility in a rural area and maybe the criteria will be relax and maybe the government will give them a seed money or the government will take up the payment of the pharmacist just so that that those in the rural places can also have access to the pharmaceutical care but when it come to the deregulation of medicine for the over the counter medicine seller I don't think that is the best way to go. Probably at their level what we can let them do is to educate the people who comes to their facilities on lifestyle changes or lifestyle intervention to hypertension. They could be train to do that but not dispersion of antihypertensive.

R1: you see there are other roles they can play but not necessary dispersion of medicine but they could play other roles.

I: so you've talked about financing, some been out of pocket with the private and also with the national health insurance scheme with you are not sure whether some of the hypertension drugs fall under it and also the human resource

R1: but just to stress on that if you look at those policies driving by the ministry and some specific intervention drive in that area. For instance the HIV/AIDS, the government is subsidizing the Anti-retroviral medicine and the same thing with the malaria so the interventions that was done was the subsidization of the medicines so it was one in such a way that even the poorest person could afford it and the same thing with TB. So that is what I'm saying that if it becomes a national issue or it becomes a ministry policy then they will be a way that they will deal with it. I don't know if it is on the NHIS but they could even say that the patient should pay half or one third of it and all those intervention will properly be considered.

I: I think I have taking everything you know about it and so it's now mostly about the project I just to you in brief. Before my description of it have you heard of such a program been done?

R: No and this is the first time I'm hearing of it

R2: is it like a cohort study

I: it is something that is been done. The initial one which is the baseline study, we had the intervention district and the control district. The intervention district was the Lower Manya district and the control district was the Akwapim South district whereby a structured interviews were done with the local people, 30 and above to elicit certain responses related to knowledge, awareness and control of hypertension. So from that the implementers started enrolling people onto the program to train them. So this interview we are having is part of the evaluation just to know what ill inform the next phase of it.

R1: You said you have done some study where the OTCMS were told to take the BP but we will have love to see a report on that whole part of it because you've done something and we will like to know how it is impacting on the life of people.

I: with that I will inform my bosses and the people to see if they and disseminate the data and the information. As I have said previously I'm very glad that this thing is coming up and we are recording it and they will have access to this recording and they will know that it is something that is needed to maybe if possible inform policy change or a policy direction to help

R1: I will like to give you an example. With the malaria, we started the training on just the treatment and there was an issue on even the diagnosis so we then have to go back and train them on even how to confirm. So somebody present something that they suspect is malaria then they have to even conduct a test so we introduce them to the malaria RDT test. So that is what I'm saying that if we have the report and know what we have been doing and the result for what they have been doing then we can also say because of ABC then we will also want to move towards that direction.

I: This is very much noted and thank you for that. From what you said and from your experience in not just NCDs, what is the best practice and the lessons that you've learnt from

the contention program that you are talking about from other programs the council have been engaging and the CPDs that the pharmacy are allowed or are mandated to talk, what has been the lessons learnt and the best practices so far?

R1: Can you narrow your question a bit and tailor it to pharmacy council?

I: okay in your regulation you mention about influencing the CV Topics and themes to some extent

R: If I'm to answer your question let me put it in this way. Whiles we are going the regulation we are also trying to enforce the law. We also as much as possible identify gaps in the service delivery and we look at how best we can address those gaps so if it's in terms of access, we put in specific intervention to address access. If it is in term of knowledge of the practitioners, we try to influence the training by either we doing the direct intervention by training or we direct other to do the training in that area to address the gaps so that is basically what we do. So we enforce the law and in so doing we also look at the gaps. When we visit the practitioners, it's not only just a question of punishing them or not but we try to identify their problems and see how best we can help them to solve those problem because our objective is to ensure they deliver pharmaceutical service.

I: So can you give some recommendation to probable the program implementers on this specific program that I have brief you on and probable future program that must be tailored to particular disease state of the population and also to hypertension to?

R: For this program but for subsequent ones, I don't know the level of involvement. You said the pharmacy council was involved but I don't know the level of involvement but if the study was done with our involvement right from the word go it will also help with coming out with policies because we could have just been involve maybe with the monitoring or receiving periodic report as to how they are going about it which could have help a lot. So with such study, if you involve such personnel, we will want to be part of those who will be part of those who will be assess the program periodically then we will know.

I: okay so in your final say what are your hopes and aspiration in the management and prevention of NCDs as it evolve and becomes a going trend even though you are regulators?

R1: we are only hoping that the ministry will see the problem as it is and then there will be a coherent national policy directed towards dealing with this issue and I'm sure whiles we have that policy at the national level, it will cascade down and all the implementing agencies will have a role to play to how best we can address the issue

R2: and sometimes they run programs like family planning program getting sponsorship from donors and they run it like a program and it becomes like a national thing. it is like even when you go through their logistics management system they try to separate family planning from the main stream medicine that they manage so if they think that hypertension is that endemic, they could also get funding and run it in such a way that the will be so much public education every quarter at all the level so that it will be tackled from that expert to.

R1: from what she is saying, if it come to a stage that license chemical sellers must disperse such medicine, even if we assume that stage we reach that stage, we cannot just say it and

live it but we will have to train them and also where is even the funding for such training. If you look at all this programs there were intensive training to deal with all this issues before it was enroll out. So if you have identify it as a national issue then there will be a national policy and the direction to what is going to happen and all the stakeholders, implementers and those who are supposed to carry the program and then we can also take over from there.

I: So with the descriptions that I give about this comHIP project, do you think it should be something that should be up scale to other region and districts of the country in terms of making the people aware and giving them this chain of care?

R1: From what you said you still haven't finish what you are doing now so maybe you should finish and with proper assessment then we can then move from there so we will need to look at the result from Lower Manya then we can say looking at report and the impart. We can say that there is a good intention and an attempt to achieve something so we will need to know whether the methodology is right to achieve what we set out.

I: Thank you very much for your time and have a great day

END OF INTERVIEW

COMHIP EVALUATION RESEARCH – FOCUS GROUP DISCUSSION WITH MALE CLIENTS

#4

I. Good morning to you all once again like I said earlier we have a recorder for recording, this is because as we sit and discuss we may not be able to write down every response. When we are done we will transcribe to get all your views. We don't want to miss any vital information which may influence our findings. We hope that we will go by all the grounds rules that has been set. We will start with the first question and that is: Do you feel that hypertension is an important health issue, please raise your hands if you have to answer the question and I will call you by your numbers.

R1. It's a deadly disease because unlike other diseases the symptoms are not visible. Like in the case of HIV where you grow lean or malaria that you feel feverish or vomit but with hypertension until you are screened you will not know so it's a killer disease.

I. So you are saying it's an important health issue

R1. Yes it is very important

I. Who else want to say something?

R8. Like my brother said it's a deadly disease because until you are screened you may not know and this can kill you unexpectedly if you don't know. It is one of the killer diseases so it's important to talk about it

R2. What I see about hypertension is that our diet causes it. anything we see we want to eat and also it's been researched to know that it's a killer disease that is why we are advice on what to eat and when you follow that you realize that you are able to manage the condition , the medicines that we are given too we are advised on how to take them.

I. So you think it's an important issue

R2. Yes it is but you may never know until you are screened for it

I. Who else,

R3. It's very important because when you have it you may not see symptoms until you are screened like my colleagues have said

I. Who else or we all understand? Okay then we move to the second question is it important to take your medication every day? If it is has your opinion on this changed since being involved in the programme?

R7. what I have seen is that since i joined there has been an improvement in my health condition than before. Before i was getting fever very often

I. So you think it's important to take your medication

R7. Yes it's important

I. So what has changed since your involvement in this programme?

R7. what am saying is that before my health was not stable and I kept complaining of fever but after the medication I feel better now and I complain less

R5. What I have seen or the benefit I have had is that every morning I am reminded to take my medications so even if I forget once the messages comes then you I am reminded.

I. So what has change in your life?

R5. I take my medications regularly and my health has improved

I. Everyone should talk please

R1. We must take our drugs regularly because before I was screened my heartbeat was not normal but since I started my medication I can see a change

R3. It's important to take our medication, when you add exercise to it and do what you are advised to do your health is improved. When I didn't know I use to feel dizzy so I decided one day to visit the hospital to check what was wrong with me and that was when I was diagnosed. If I had not gone and was not put on medication every morning am sure it would have been something else so it's important to take our medication

I. Okay, who else

R8. Since I started the medication I have seen improvement. Before then I will wake up several times before day breaks but after taking my medications I can tell that it has cured me from some other diseases so it's important to take medications every day.

I. Who else

R2. When I didn't know I usually get tired after working for some few minutes and I use to drink alcohol too but when I was screened I was advice to stop drinking alcohol and since then because I take my medications when I go for checkup I see improvement

I. Who else

R4. Actually I knew I had this before the onset of this programme but what this programme has done in my life is that it has created this sense of urgency to take my BP as serious than before that is the change I have seen with this programme

I. So has your opinion changed as you are enrolled on this programme?

R4. Opinion on?

I. Opinion on hypertension

R4. Yes

I. How?

R4. In the sense that I have come to realize it's a time bomb something, we are having so many death around, they say sudden death but one thing, maybe along the line I will also raise it

I. Okay we will continue

I want to ask one question, we are all saying since we joined the programme and take our medications every morning we can see that we are more healthier than before, what I want to ask is that, have our opinion on taking the drugs everyday changed maybe because I think my condition has improved or its still important to take my medication

R8. Sometimes I think about that and I have even planned that the next time I go to see the doctor I will ask him to know when I will be taken off the medication or stop for a while because I sometimes feel that taking medications everyday might result in another condition. I think about it whether it's good and will ask the doctor the next time I visit the hospital

R2. I sometimes think that after a while if i go for checkup and my condition improve i will stop

R1. What I have seen is that you can't stop the medication, I am saying this because along the line I stopped taking my medication during the Christmas festive so that I can enjoy the season but after the Christmas I realize that my heart started beating abnormally again. When I went to check at the community center I was around 200 and the doctor told me that I have stopped my medication. I tried to lie but he insisted that I have stopped. He gave me some medication that I took for 3 days after that I realizes it has reduced to 130, when I went back he told me it's because I have taken the medication this time. Even as we speak I have some that I will be taking for 3 months so the doctors know that the drugs are very important that is why he gave me a lot. After this when I go for a recheck the doctor will determined whether the drugs should be reduced or maintained so as for taking our medications if you stop then you have a problem. Once you are out of medication you have to go and take them. When your drugs are finished you need to go back until they say you should stop but if you stop at your will and you go back to drink alcohol too then you are in trouble.

I. Okay let's continue, now we want to know the lessons you have learnt and the experiences you have had you can also compare your experiences before and after joining the programme. Which experiences are helpful and which ones are not. So tell me what are your experiences?

R1. Infact since I joined this programme I advise others too. Some of my brothers complains of complications and I tell them they have BP

I. So what are some of the benefits?

R1. it's been helpful to me because I am able to refer others

I. It means you are now a referral agent

R1. yes I refer people to go and check and stop complaining I tell them it's free once you are screened and you have it you will be put on medication for free

I. so you have learnt a lot and you can now refer

R1. yes when they complain I refer them to go and screen because it could be BP

R6. Am about to discuss that...

I. Yes we want to get your experience since your enrollment on the programme

R6. Since I started going to the hospital they did not tell me that I have this BP but one of the doctors told me that I should go back to the nurse so that they check me against BP and the nurse told me that he

can't do it so I went back to tell the doctor and the doctor referred me to these people and since then I have not been feeling dizzy

I. So that is fine, so when you compare those days that you didn't know or you were not enrolled onto this programme and now that you have been enrolled onto this programme what experiences can you tell us, what is new now

R6.i have not been feeling dizzy

I. You have not been feeling dizzy as a result of being enrolled onto this programme

R6.yes

I. ok that is fine so because of that you have been taking your medications and all that, that is why you have not been feeling dizzy or is it because of the mere fact that you were enrolled on this programme and that is why

R6.this people direct me to the doctor what he have to do

I. **ok** who else

R1. the programme has helped with our eating habit, before when we see fish we eat it to our satisfaction and there was no limit to drinking alcohol but since our enrollment we have learnt about things that can cause us to have BP. we now know that not all kinds of food are good for BP patients

I.so that means that because of your enrollment you have learnt what to eat and what not to eat

R1.yes

I. Who else

R4. Since I I was enrolled it has changed my life style, before I will eat at 8 and then sleep immediately but after being enrolled and the advice I have received from the nurses I don't eat after 4, even if I have to I will eat fruits unlike before when I will eat banku very late in the night, now that I am enrolled I have learnt to eat fruit in the night before I sleep

R8. I have benefited from it because before the screening I didn't know I had it but after being screen and enrolled and also put on medication I can say that I am healthy now. Some of our friends who didn't know they had it died of it. Maybe if they had been enrolled onto the programme they would have survived so this is my experience since I got enrolled

I. So if you have to compare before your enrollment and after being enrolled onto the programme what experiences can you share

R2.When I was not enrolled infact every morning I wake up feeling weak and I could testify to that and I kept wondering because I was not a fat person but since my enrollment I feel different, I am able to urinate very well and because of what I eat now too I feel healthier. Also before I could not have sex with my wife but now I do that very well

I. But before when you didn't know what to eat and what not to eat.....

R2.Yes now am able to have sex to my satisfaction and I feel very healthy, before I could tell that I was closer to getting stroke

I. Thank you who else

R1.What he said is true but sometimes when you tell the young ones to enroll what they say is that the medication will weaken them sexually, most of them complain but I tell them that is not true so this is a disadvantage with it

I. Now let's talk about our relationship with the nurses and the health professionals. Do you think that the health professionals on the programme listen to us very well and listen to our concerns?

R7.I have a good relationship with my nurse,

I. How

R7. She is able to ask me questions and I also ask her questions when I have to and she receives me well when I visit the facility

I. So you think she listens to you well

R7.Yes

R4. When you say nurses

I. Health professionals

R4.you mean the health professionals?

I. Yes the health professionals that are on this project, so do you feel that the health professionals that you have seen listen to you and your concerns when you go to them?

R4. Yes that is why I was saying that the only opportunity we got was when we were to be enrolled onto the programme but subsequently we don't get to see those particular people we just follow the normal hospital procedures and things that is why I wanted to know whether you mean the nurses or because the nurses dont follow up, they don't come to our homes and when you go to the hospital too you don't get to see them

I. So do you think they listen to you and your concerns?

R4.Giving the opportunity they listen but the opportunity for you to sit one on one with them is not there that is what I am trying to say

R8. When we go for checkup they take good care of us and directs us to the hospital, but if for two or three months you have not visited they don't follow up with calls and they don't even visit to know what is happening

I.I want to ask a follow up question to R4, the CVD nurses, don't you get access to have discussions with them

R4.if I want to they afford me such opportunity

I.so when they give you the opportunity to talk to them are you sure they listen to your concerns and your feeling

R4.Well they do but very little they can do that is to respond to my this thing all they will say is that I should go to the doctor

I.So you mean they don't engage you so much like the way you wanted

R4. I will want and I would have wished that when you talk to them at least the processes must be straight through them, you see right from talking to them and then medication and everything but theirs just stop after talking to them, you diee go and join the line and follow the normal procedure that is it

I.So let me ask the final question let's get it straight, do you think that they really really really listen to you about your feelings and your concerns do they listen to you when you get the opportunity to meet them

R4.For that they do

I.Okay

R1. Infact the nurses are doing well but what the brother want to say is that and I also want to say something about it. Like I said the last time I went to check and it was high, closer to danger I thought that I should have been given some opportunity on the spot to go and see the doctor so that he does something but that was not done they will usually asked you to wait for a long time even if there are 20 or 50 people ahead of us then you follow so sometimes I have to show my card to be allowed access because that was What my nurse told me. But ideally if a nurse checks and finds the patients BP rising that person must be allowed to see the doctor immediately but that is not done you are asked to sit till it gets to your turn like they have said

I. But if you get the opportunity to talk to them do they listen

R1.Oh yes they do. Me I don't tell them anything. I only go through the process to check my BP and if after going through the folder your drugs are finished they just say nice

R3. The CVD nurses enroll us at the CHPS compound and direct us to the hospital so if we want to see them like in my case if i want to see her she tells me to come and then afterI have gone to see her she will give me a note to go to the hospital for drugs so i don't know if my elders don't know about that

I. Please let's talk about what happens with you am sure the experiences are different because your enrolment points are different

R3.Okay I have a good relationship with my nurses

I. And you think she listens to your concerns

R3.Yes she does even if I don't go when am due she calls me to find out why

R2. Before when I didn't know I go to the Roman hospital but before you see a doctor the nurses will maltreat you until you get to see the doctor and even with our health insurance too most of the medications are prescribed but since I got to know my CVD nurse at Asitey she takes good care of me so I also make sure I do what she says aside that I receive text messages which reminds me to take my

medications and the time I have to take them and advice on what alcohol can do to the body. Anytime I go to her she will prescribe my drugs then I go and buy them

I. Thank your number 5 do you have something to say about your nurses or the health professionals, do you think they listen to you when you go with your complains

R5.When I get to my nurse at the district assembly we talk very well but my only problems is I will want that they stock drugs so that we can our drugs from them because even when we are referred to the hospital the drugs are prescribed for us to go and buy, and there are times you don't have the money

I. But what I want to know is do the nurses listen to your concerns

R5.Yes they do

I. Who else has something to say?

R1. Infact the nurse who takes care of me do that very well she has my number and calls me , even when I pass by her office and want to dodge she will call me "Mr. xxx I have seen you come and check" and if I go and check she will tell me before I was screened I use to take alcohol and she advised me on that so days that I know I have taken some I avoid going to her but she will force me to come and check, there are two of them, the other lives around my place and when she sees me from the farm she will advise that I try and rest because my condition does not allow for me to overwork myself, so I will say they are very good

I. Thank you, who else has something

R6. my problem is at times they will refer us to some hospitals to go and make some checkup but when you go the amount that they will charge you, you can't pay so you can't do it so I feel the

I. So you feel they don't listen to your concerns

R6.No, so I feel they should give medicine to your peoples so that errr

I. So we want to find out whether when you go to them, the nurses, I mean your health care professionals do they listen to your concerns and your opinion

R6.Yes they listen to me

I. How

R6.They handle me very well

I. How do they handle you?

R6.Anything at all when they test me they send it on the computer to my doctors

I.Ok so you feel they listen to you and your concern

R6.Mmmmm

I.Ok who else has something if there is none then we continue, who has something, okay lets continue, were the challenges when you first enrolled different to those after you had been enrolled for a while? Do we understand?

R6. There is different in it

I. I mean we are talking about the challenges when you first enrolled, were they different to those after you had been enrolled

R6. Yes there is difference because that is this time when we get there they easily give us the medicine, they know exact what they doing

I. So are you saying that you are easily recognized when you get there and you easily get your drugs? So what again or that is all

R6. yes

R2. First when this was not there everything of mine was not working well but since my enrollment onto the COMHIP now am free because even if I am not available they will send me a message, as human as I am I may forget or even think I know everything

I. So what were some of the challenges?

R2. Before I was lazy

I. So after your enrollment for like 1 year or 2 to 4 months have the challenges reduced or they keep increasing

R2. They have reduced

I. Ok who else

R4. What I will say is that this programme like it gives you the sense that when you go to the hospital there is always somebody there who is ready to listen to your problems, I remember there was a time when at the hospital people were very very many and the going was very tough for me so I resulted to.....

I. So let me quickly come in there so initially when you were enrolled you realized that you face some few challenges. Did you face some few challenges when you were enrolled at the initial stages?

R4. No

I. ok so now

R4. Am only trying to compare after enrollment how....

I. Ok, so now that you are on...

R4. Yes yes how I have benefited because when you go to the ... Previously when you go you don't know who to go to but right now you know that there is a particular team that you approach even when you are having problems within the facility you go to them

I. So now things have changed

R4. Things have changed and one other thing is that this programme has increased the level of awareness that almost everybody in the hospital recognizes these people and then when you go to them,, sometimes they even take you straight to the Doctor, they lead you bypass all the people around there and then they will submit your papers to the Doctor

I. So just a quick question, the first time you enrolled on the programme and now, how long have you been enrolled on the programme

R4.Its errr nine month

I. So the first day of the nine months till the last day of the nine months did you have any challenges, have you had challenges

R4.Oh the challenges were some of the things I mentioned earlier on that when you go to them after the advice in terms of the medication you have to follow the normal queue

I. So those have been your challenges in the nine month

R4.Yes

I. There haven't been any change

R4.yes, and probably if I could add like the gentleman said earlier on the follow-up is also a bit not up to

I.so the challenges have not changed right from the point you were enrolled to now

R4.No

R1. For me this month is exactly one year since I had this problem and since I was put on medication I feel free unless I default and like I said when I default then my heart starts beating faster and am unable to work but when I go back and take my medications then I feel fine so for me it's very important

I. Who else if not we continue?

R8. As for me I have been enrolled for the past one two years when it strayed at Nuaso, and since I started my medication my condition has improved so it will be fine that its expanded to avoid unexpected death

I. Thank you, we will continue, Have we experienced any unexpected consequences since starting COMHIP

R8.My challenges is that when we go to the nurses for checkup we are referred to the hospital for medication but I wish that the nurses will stock medicines so that after checking then I can have my medication, but considering my condition if I have to go to the hospital I need transportation for two people and that becomes a problem, so I would want that my medications are given to me by the nurses

I. So the absence of medicine is your problem

R8.Yes please

R2. I will love that my nurse is allowed to stock medicines

I. So what exactly is your problem

R2.My problem is when you have to go to the nurses for checkup and then you are referred to the hospital for medicines, because I have problem with walking

I. So your problem is walking to the place

R2.Yes, Another issue is the long queue, I wish that just when I get there my folder will be taken to the pharmacy for medication **to the doctor will recommend you**

I. What else is our challenge?

R4. Availability of drugs

I. What again

R4. We go through all the nice things nurses will talk to you nicely but when you get to the pharmacy they say there is no drug, they give you a prescription form, barely two weeks ago I walk from the length breath of this krobo town I didn't get the medicine, every store you go they don't have it so in such a situation what do you do

I. So what other thing

R4. That is by far I think err my problem

I. Who else what are the unexpected consequences

R7. It's about the health insurance but when we use it too they prescribed medicines for us

R1. When we started the medicines I was given, anytime I take them I become weak but after I complained it was changed

I. Who else, you are welcome and you are number nine, please listen to the discussions and contribute, if you have challenges with your medications who do you talk to, if you have side effects who do you report to first or do you know who to report to

R1. I usually report to my nurse and she refers me to the doctor, when I did the doctor changes my medication, with one of the medicines when I take it am unable to sleep so I reported and I was given some sleeping tablet,

I. So who else, do you know who to tell when you have side effects?

R8. When you take your medications and experience side effects you must report to your Doctor

I. Who else, every must talk

R6. I have to tell the doctor

I. Who else

R7. If you live with your wife or your children you must tell them then they can advise you to go and see the Doctor

R1. I tell my nurse

I. So you usually tell your nurse

R1. Yes please

R2. I tell my doctor, because he direct me on what to do

R3. Doctor

R4. My doctor

R9.i tell my doctor

R5 Doctor

I. We will continue, does this programme empower you to take control of the management of your hypertension? Control of your own health

R2. Yes it has empowered me

I. How

R2.Am able to take my drugs regularly and go for my checkup

I. Who else

R8. It helps you to take care of our self, especially the messages we received make us take control of ourselves

R2.We are called every day and that helps a lot

I. Have you acquired any knowledge on your health which allows you to tell what is wrong with you as per the symptoms?

R3. It has, because I have stopped taking some kinds of food

I. Like

R3.I use to eat late and I hardly exercise and I use not to take fruits but now am able to do all that

I. So has it empowered you to take charge of other health conditions apart from hypertension?

R3.Yes it has, and I am very healthy now

I. Why do you say that, what has it done to you

R3.I take my drugs and I heed to the advice given by the health professionals

R1. The programme has made me cautious of what to eat and when I do anything in excess I come to the realization that it could be the cause of my BP, so it serves as a checker to me

R9.I use to do things my own way but now I am able to check what I eat

I. So you mean the programme has empowered you

R9.Yes

I. Who else

R4. It has made me to stop taking alcohol for the past one and half years now

I. Who else or should we continue, as for this question we must all speak, do you receive text messages or voice messages?

R1. Yes I do receive text messages and on Friday I am sent advice

I. So how does this help you?

R1.Just like they say alcohol is not good for us and even if you have to take fatty meat it must be smoked

I. So what do you get? it is voice message or text message

R1.Text message

R3.I receive messages

I. Voice or text

R3.text

I. And what does it say

R3.It comes at 8am every morning and this keeps me on my toe

R2.I receive voice message

I. How does it benefit you?

R2.It keep me on my toe

I. How

R2.Even if I forget to take my drugs it reminds me and takes against alcohol and eating fatty food

I. Who else

R8. I am called at 8 am every morning to remind me of my medication and sometimes it says you have to avoid fatty food but if you have chicken reared at home it's okay to eat it

R6. I receive text messages that reminds me of taking my drugs and to avoid late eating

R4. I also receive daily reminder

I. How helpful is it to you

R4.No it's a reminder, mine comes at 6:30 so if for any reason the whole day I do not take it at least for 6:30 diee the reminder will come then I have to and for me the lesson I learnt from it, it's something that affects your life and you have to take responsibility for it and somebody somewhere is also pushing you so at least the two combine you have to listen because as human beings as we are we take things for granted

I. Okay number five

R5.Mine is a text message

I. And what does it say

R5.That I should take my drugs so that I can have long life

I. So what is the benefit?

R5.It helps me to take my medication

R9.Mine is voice message which comes at 8 am

I. And what does it say

R9.I am reminded to take my drugs

I. So who among us will say the text messages have not being useful

R3 It has been very useful

I. Do we feel that the text messages are a border, someone might say am old enough to know that I have to take my drugs does that happen to anyone

R3. As for me I think it's helpful

R2. Am not bordered because you are asked your preferred language before they start sending them to you so I am fine with it

R1.I am fine with the text message but my only problem is that before I take my drugs I should have eaten but you may not have money everyday

Laughter

R8. Am okay with it

I. So I can say we all don't have any problem with the text messages

R (All.) yes

I. The next set of questions will seek your view on your relationship with the chemical sellers, where you were enrolled how you would consider your interaction with them

R8 I don't go to them I go to the doctors for my medication

I.Ok who has been to the drug store and was referred

R6. I was referred from the chemical sellers

I. And how was your interaction with them

R6. Oh he was nice, I sometimes go for my checkups there

R3. I was also screened from there, it was even after I had checked with them that I got to know I had BP

I. So you think they are important people

R3.Yes very

R2.I started with the doctors but because of the long queues I take my prescriptions to the Chemical sellers to get my drugs

I. So am asking about your interaction with them

R2.I have been there twice

I. And on those occasions how did you find your interaction with them, were you satisfied

R2.Oh they were nice

I. Who else

R5.since I started my messages direct me to the nurse or the drug store and then I go to the nurse but I don't go to the drug store

I. Thank you, who else

R7. I am treated very well, even if I go to them, because they know I am a BP patient they advise me on what to buy

I. I want to find out as per your relationship with them are you able to ask them questions about other health related issues

R5. I have never had an encounter with them so I can't speak to that

I. Okay what about those who have ever been there have you discussed any other health problem with them apart from your hypertension condition?

R3. When I went there I complained of dizziness and it was at that point that he checked and referred me to the nurse

I. So your interaction with them has to do with hypertension always

R2. My sugar level was tested

I. So aside hypertension your sugar level was tested

R2.Yes

R7. I usually go there when I have body aches and am given medicines

I.do you ask them questions on the medicines you are given

R7.No I don't

R1. I also go and buy drugs but usually I ask for side effects and they tell me what they are

I. So you usually ask for advice

R1.Yes

I. What is your best part about being involved in this programme that when you are asked anytime you will say?

R1.What I really like is the text message

R2. Oh it's the voice message

R3.As for me I like the medications

R4. The priority that we are getting

I. I mean the best part, anything that is good

R4. Yh because before this programme when you go to the hospital you are no body but now somebody is there to recognize your condition

R5. I have benefited from the messages that is sent to us

R9. It's the messages

R6. I like the messages

R7 I like the way they treat us

R8. For me am happy I know I have the condition and I am on medication

I. What is your worse part about being involved in the programme, something you wish to change?

R9. You mean something I don't like

I. Yes something that you wish changed

R9. I like every thing

R8. My worst part is when after checking you have to board a car to go and take your medication. I wish the nurses could stock the drugs, that will make me happy

I. Number seven what don't you like and wish changed

R7. I like everything but for the queue I have to join before taking my medication and when they don't it have it too it's prescribed for you to go and buy

I. So what don't you like? the long queue?

R7. Yes

R6. My worst part is not being given medication at the point where I do the check up

R5. My worst part is when you go to the nurses for checkups and then you have to go to the hospital for drugs. I wish that the nurses can stock the drugs to be given to us and then we visit the hospital only when the condition is severe

R4. For me what I will say is that sometimes when you go to the hospital the duration maybe they give you one month so if they can increase on that like two months because sometimes you may want to travel and then not to be stranded somewhere

I. I didn't get you, one month for what

R4. When you are given the medication is only for only one month so if they can do something about that

I. Okay

R3. What I am not happy about is when they prescribed medicine for us to go and buy, am very unhappy about that, like the one I have is 39 Ghana cedis

I. So you mean the prescribed drugs are too expensive and you are not happy about that

R3.Yes it's too expensive and am unhappy

R2. What makes me unhappy is when I don't know the side effects

I. Side effects of what

R2. The medications I take I don't know the side effects

I. But don't you ask the nurses about that

R2.The reason I don't ask them is that when you ask them they will tell you nothing will happen to you

I. But we have what we call patients right where you have the right to ask question on even injections that you are given whatever is done for you, you can ask questions so next time when you go ask questions

R2.So please who do we ask the doctor or the pharmacist

I. Any of them so that you can know one the side effects

R1.As for me I wish there will be a drug that will treat your condition permanently than to be on the medication for life

I. So that is your worry, okay thank you we are left with some few questions, please will you recommend someone to enroll onto the COMHIP programme

R5. I will because before I joined this programme I went to the hospital several times and was given medications but they could not diagnose BP but when I joined.....

R7 I will recommend

I. Why will you recommend it to people for them to join?

R7.if I find out that the person has BP I will advise the person to join

I. So how have you benefited from it that will motivate you to recommend it to others

R7.Because of the medication and the advice am given

I. Okay so the medications, what else, you know when you meet someone and you want to recommend it to the person you need to tell the person about the benefits you have had

R7. Yes my condition has improved

I. Okay

R2 I will tell someone that taking medication is good so the person should go and screen for BP, because I can tell that if not for this I would have had stroke but now am free I can tell there is a difference, I control what I eat

R1. I have started recommending it already as you know as per the krobo culture when someone dies its attributed to a lot of things but I tell them it's better to check because you may have to and not know but

if you get to know you have it and you are put on medication then your health gets better. As for me I know what to do and what not to do

I. What recommendations do you have for improvement if you can give us particular area like medication etc, when you identify an area you can give suggestion. So the question is how we can improve on the hypertension prevention and treatment services

R1. i wish the drugs are free and like my colleagues have said if the nurses can store it and give to us after we go for checkup , if there is sponsorship they should help us with the drugs

R2. There are a lot of people with the condition so if they can put up a place which is dedicated to that

R4 yes there are a lot of people out there with this condition which they don't know so i will suggest the campaign should be intensified and probably engage a lot of people for home visitor and probably check up

I. Okay, number nine

R9. For me I tell people about it because what happened to me before I went to the hospital...

I. We are asking for recommendations what you think can be done better do you understand

R9.Then it's the drugs, there should be a place for it

R6. I think the nurses should give the drugs, going to the doctor is a problem

R7.I also think we should be given drugs at where we do the check ups

I. Number eight

R8.Thank you my final word is that before we got to know that we had this condition, I think the programme should continue if possible the nurses should go to churches and test and refer them to the doctors, the programme should be expanded to avoid sudden death, also with the drugs I think the nurses should stock it because sometimes when you refer clients to the hospital they don't go and this could lead to sudden death so it should be looked at

I. Okay thank you all for coming we have come to the end of the discussion we are very grateful

COMHIP EVALUATION RESEARCH – FOCUS GROUP DISCUSSION WITH LICENSED CHEMICAL SELLERS

#6

I: As I said one of the assumption in COMHIP was that the license chemical sellers and pharmacist will make money by indirectly being involved in COMHIP through greater visibility within the community and people making purchases when attending the licensed chemical shops or pharmacies for screening, follow up of prescription re-fill, the purpose of the focus group is to see if this is very true, so now we are going straight to the questions, and the first question is this, have you been trained by the COMHIP project?

R5: Yes we are

I: Number what?

R5: Number 5

I: you have been trained

R5: Yes

I: okay, who else

R4: we have been trained

R1: we have been trained

R7: I've been trained

R2: I've been trained

R6: We have been trained

I: Okay thank you very much, so it means that everybody here have been trained on the comhip project

R (ALL): yes

I: So in your absence who provides the services of the training that you were given at the shop

R3: my assistant

I: Who else?

R8: my assistant

I: Okay who else, in your absence, who provides the services

R2: same my assistant

R6: my in charge

I: Okay, number five

R5: am the in charge but we didn't train anyone for that

I; so you provide the services

R5: Yes

I: So in your absence who provides the services

R5: okay my absence I trained another lady there and that one is not supposed to be done but that one is my private thing

I: alright, so we are moving on

I: Before then, it looks like everybody has someone who takes up when you not around, so like he said he trained the person, have we all trained the people who take up when we are not around

R7: they have been trained by COMHIP project

I: so it means that not only one person, the in-charge that is trained in the shop

R (all): yes

I: so they train both you the in-charge and the assistant

R (All): yes

I: okay, so normally one person at a time is always at the shop

R (All): Yes

I: so in your absence someone is there to provide the services

R (All): yes

R8: except me my boy is gone to school but I've trained a small boy who knows better than me

I: okay, so which means in your absence you have somebody who assists you

R8: Exactly

I: thank you very much, I think we will move on, okay so when someone comes for screening, can the person that is being trained by the COMHIP people or by you, is he able to the screening as well

R4: the question again

I: Am asking whether if maybe you are not around, your assistant or whoever that is there for you, is he also able to do the screening that you are supposed to do?

R5: yes

R1: yes

R7: yes, They do it and even do it better

R2: yes

I: so this one is a general question to all of you, what has been your experience with the comhip in general?

R7: initially we were not having that so much awareness on hypertension but it has given us, it has given me the impression that most are cases that comes to the shop they are almost hypertension related

I: so basically your experience on the COMHIP is you've been able to identify what and what is what with the help of the COMHIP project, what are your experience so much in it? I don't know whether you getting my question. Do you all get my question?

R4: yes, the experience we've had

I: yeah the experience you've had so far with the comhip

R7: with the help of the tablet they've given it to us we are now able to detect hypertension issues

I: All right who else

R2: at first chemical sellers are not allowed to check BP in our shops but through this program COMHIP, we are able to check your clients BP and then tell him whether to relax or go to the hospital, we have a form you will fill. And I learnt more about this COMHIP

I: all right fine he has also told us his experience with the COMHIP, so who else has other ones to share with us

R8: before the COMHIP we the chemical sellers and the, mostly the health workers have been underrating us as errrr we don't know anything but during the COMHIP program now the public has come to know that this people too we are part of them and we are helping the health system

I: So when you talk about the health personnel underrating you, what do you mean by that

R8: there was a time when someone went on radio program and they were saying were not trained for testing malaria but meanwhile we went to that training and I was not happy about that so I reacted to that program and I sent our certificate of malaria training so after the COMHIP project the public have known that all these things people have been saying about us is not true.

I: so before COMHIP, you were not allowed to screen anybody on hypertension

R8: No,no, no even if you use thermometer they will come and arrest you

I: so what has the COMHIP done?

R8: Yeah they have done a great job to the chemical sellers and they've made us now people to know that we are part of health providing because before these pharmacy shops were not in, chemical sellers were the ones at least handling the rural areas, there is a saying in Akan that "komfo boni atena yarefoa hu ama komfo papa ab3 tunu" that's our problem

I: what does that mean?

R8: gave the answer in krobo

I: okay, that's fine and that's a nice one who can also share his/her experience

R8: the tablet that was given to us have upgrade most of us our knowledge, formally I against this phone, I was the number one person against it because my children they don't talk to me again, always on phone

I: So with the coming of the tablet,

R8: Before the tablet, my children when they come back from school, they don't converse, no communication, always on the phone so I said what is this thing so at times I will collect them and throw them away

I: So with the coming of the tablet

R8: When I went to the comhip then I said the thing is a device, computer, broad, encyclopedia and everything is in it

I: So what help did you get from the tablet given you

R8: I can also browse, go to the net and listen to news

I: So what were you using the tablet for on the comhip?

R8: oh for comhip it is for hypertension check

I: So you use it to do what

R8: To screen the people but after that when there is nobody coming I also enter into, even some medicine you don't know the literature you view from the tablet, so this is my experience

I: Thank you number eight, please who else would like to share

R4: okay the comhip program now helps the chemical sellers a lot in the districts, in our districts here, now it let people recognize the chemical sellers that we are also a part of the health centers because in the initial level we detect things before the hospitals continuous because nobody goes to hospital just like that, that am just coming to check my BP, but through this comhip if the person comes to the shop we talk to him/her, we sit him/her down and then give the screening, you screen the person then after that through the counseling the person might know that this and this is going in my system so I have to check my system so that I will keep long so it is helping the community.

I: So my question to you is that before comhip training were you able to screen people for hypertension

R4: No

I: Even though you had the skill

R3:, some of us were doing it but it wasn't for free, it wasn't free, we take money, some of us were doing it but it wasn't free like the comhip

I: So the comhip when you screen someone it's free

R3: Yes but formally we were taking one cedi

I: So mummy comparing your experience, in screening for people before and after comhip what has been your experience

R3: At first people were reluctant coming because of the money, they want to check but they don't have money but during the comhip program it was free so people come, for screening freely even when they are passing we call them they come and do it freely and this has made, the program has made people to respect us more because you check somebody's BP its 100 and something and the person goes straight to admission, they come back to tell you if you were not to be you I could have died so they respect us so much because of the program

I: Number four you wanted to say something

R4: That's what she has said

R5: I think the BP we have been checking but we don't counsel, with comhip we counsel people how to go about their normal daily activities, some of them they work a lot so they might go through stress and then some of them too they take in a lot of salt and then some of them too they don't do exercise but with comhip, we counsel them on those things, at least you have to know about about the salt that you have to take at least if you preparing food it should be a teaspoon a day and then if we counsel them to do exercise maybe once a week and then some of them too, we have this young guys in our system they also take Indian herbs, tobacco so that one also affects them when they growing up so we also counsel them on those things with comhip.

R4: not on only that alone, we counsel them on fruits and other type of food that, balanced diet as well.

I: All right, thank you so much number one

R1: As my colleague has said, you know at the initial stage we are not being allowed to screen, I mean to use those BP machines in our shops so some of us is even before this comhip projects, we don't have this BP screening machine in our shops so this programme has helped us a lot and then given us so much insight about BP and hypertension

I: Okay so now I think number eight wanted to say something to top up

R8: Yeah our sister mentioned that any intervention, like disease approaching we the chemical sellers are the people who see, we are the first contact point but am saying this to you, if you want to say something to God say it into the air but we are not recognized. Let me give you some example, somebody came to my shop

I: Before you go to the example, we are trying to beat the time a bit but what you are coming to say is so important so I think it is going to fall on some other questions we will be asking, let's move on to the other questions, definitely as we will go we will have other discussions too after we've even finished this one too so let's try and move on and see. So how was the comhip, how has it been able to change the way people use your services in your shops and in your pharmacies,

did you get the question? Has it changed the way people used your services at the shop and how has it changed it.

R7:yes initially as we were saying the BP machine was not there and we were doing assumptions on the BP issues but because of the tablet that was given us right now we can be able to tell when someone's BP level is very high and therefore due to its cost free it has given us that kind of trust, and people can now walk into our shops

I: Okay so now you are saying that people now have the confidence and the edge to come to you at any time so in that it has improved the services at your shops

R7: Yes

I: Number six is not talking, I've not heard her talking

R4: okay... what I want to add is, it let even the doctors now they recognize over the counter medicine sellers because with this training now if the CVD nurse are not around and you have screened someone above the average, even we have the prescription form that you can give the person to rush to the doctor at a hospital to be taken care so this also is a contributing to our services.

I: Okay so who else, how has the comhip project help the services that you have been providing

R4: we have some question mark somewhere, that is after the screening the person have to go to the CVD nurse for another counsel before sending the person to the doctor but here we are the CVD nurses also don't have the medicines with them and we are also not having the medicine with us so this become some

I: So you are talking about the challenge now

R4: Yes

I: so we will get there, but how has that challenge affected those who use the services in terms of coming for screening

R4: Yeah its affect the screening because if the person come to you, you have the sent the person to the CVD nurse and he/she will go to the CDV nurse hereby you will not get the medicine there

I: So it means that, if I understood what you were saying if people come to you and they don't get the drugs there, they tend to be like they are not satisfied

R4: Yes they are not satisfied but coming back again for another screening feeling so this thing

I: So they are not motivated to come back there, because when they come you only refer them to the CVD nurses and the CVD nurses also refer

R4: Yeah because even if they come they will still not get you can only refer them to the CVD nurses and they also don't have and they will also refer them to the hospital for the drugs so the person will be going round aa before

R5: I think that one I will respond to madam, I think that one for the CVD nurses some of them they have first aid that they do give when the BP is high so I want her to know that

I: Yeah but let's allow her probably your views or your challenges are different from hers

R4: Yeah your area is different from my area so these are the challenges I am having

I: I think we should respect each other's view we don't attack people

R5: Oh no no

I: Thank you

R4: So that is what is going on in my community

I: Okay, thank you number four, number three

R3: Yeah am just supporting what she's saying, you see the beginning we were told that we will be given BP drugs for the chemical sellers to serve our patients but along the way we haven't seen anything like that, before the program start that was what were told that we will be trained to be giving BP drugs or am I telling lies (they all respond in the affirmative) and we were even trained on serving the drugs.

I: Okay, who else would like to talk on that, how has the comhip change the way people use your services, who else want to talk about that or we are okay with it so that we can move on to the next questions, should we move to the next question?

R: All (yes)

I: so how have you found that more people I the community are using any of your services that hasn't related or that's not related to the program?

R4: Yes number four

I: Okay, how?

R4: Sometimes I hear of people going rounds taking the BP house to house, charging the people and then sometimes they give drugs

I: Okay, I don't know whether you got my question, I was asking whether you have found that more people in the community are using any of your services related or not related to the program, I think let's get the question right, you know before you said people in the community or the health workers they didn't really regard you because you don't have the necessary skills according to them even though you had it so I want to know after the training has that affected peoples use of your services, it could be related to BP maybe because now they have confidence that you can screen them for BP, they may want you to screen them for other diseases that is why we are saying it can be related or it could not be related, I hope the question is clear, so we want to know how services have changed whether the people are using it more BP wise or now people have confidence that you can also screen them for other things. Of course once you have screened hem for BP and they go and it's confirmed, I will say oh ok now madam can screen me for other diseases, that is what we are taking about, I hope it's clear now?

R4: Please yes number four, we were again trained for malaria and we have been given the kits that you can screen the malaria too so through both of these BP and malaria, people have got encouraged to our facilities.

I: All right who else would like to give us his/her view on that?

R3: Yeah, because of this program we know that hypertension matches with diabetes, they are just like twins so because of that we do screen for diabetes as well

I: I see, all right, I think we would like to continue, so the next thing is would you be interested in continuing to be involved in the screening, monitoring the blood pressure and providing advice to people in the community, why or why not?

R3: Come again

I: Will you be very interested in continuing to do what you are doing as in advising' the people, screening them and also providing the necessary advice that you have been giving and then checking their vitals especially monitoring their blood pressure, will you be interested in continuing with that again

R4: Yes

I: Why do you want to continue?

R4: I will like to continue because since this project has started I could see that most of people that don't know that they hypertensive they are now recognizing that am now a hypertensive patient and I have to be checking my pressure time to time so that I can control myself.

I: So you will be interested in continuing the programme

R4: Yes

I: By giving them, by trying to help them get their blood pressure checked, monitoring them and, giving them advice and counseling.

R4: Yes

I: Okay

R7:No because initially we the chemical sellers we are business men as initially we agreed on the project with the aim of we will be able to sell the BP drugs, we are limited in our operations because of the pharmacy rules with regards to license chemical sellers, we were expecting maybe that negotiations and policies will come to play, we started and it was like , even are only for

screening, we are screening and we can't confirm, we can't give drugs and now it's like when you are to attend to clients and sell and get money, people queue for checking BP and its affecting us a lot, sometimes our place is a single room shops so to us one way or the other it's a good idea and we love to do it but its affecting us as business men.

I: Oh okay, that okay so who else?

R6: we would like to continue if they will give us something because we are also

I: If they give you what thing?

R6: some allowance because we are told not to take money and the process is too long, you ask the name, the place where he/she stays so if they will be giving us something

I: So you are saying that the job is so difficult and it waste times and you just doing it on voluntary base services

R6: Yes, we waste time on it

I: But not giving anything right

R6: Yes

I: okay, who else this is a discussion, let us all be involved

R2: I would like to continue

I: Why?

R2: Because one and half years now we have started this training and we have been working in our shops and some of our clients know that there is a sticker on our doors so as for me God so good, they gave us overall so early in the morning I put on my white white and am in the shop when people come and say, doctor I've come to check my BP so if this thing have is not in again to worry my area, it will reduce my post and in my area too people know that am a busy man who screen people every morning before people go to work so would like to continue.

I: Okay,

R5: I think we should continue because in our community we have so many people here that they don't know anything about the BP so when they come to the pharmacy we check for them and then if there is something going on we tell them and then secondly some of them they do go to hospitals without knowing they have BP, when they get to the hospitals before they get to know that oh I have BP and then the signs and then the symptoms, some of them when they come we check the BP for them and we tell them how it goes maybe if you are having severe headache, you having pains at your back you having this you having that, you have a sleepless nights and so on and so forth then meaning that it might be a BP that is going high so you have to check it so me think we have to do it.

I: So you would like to continue

R5: yes

R8: my opinion is that we have to continue because formally before this thing this project comhip, if you are walking on the street of Odumase, you will see "gone to soon", "what a shock", young people are dying without knowing their BP status

I: So you think the BP is killing people silently without knowing that that's the reason

R8: Yes because there was a time when people come and the problem we have here, when you call the person to come and check they think otherwise you want to know excuse me their AIDS status so you hear them shouting oh I dint have any disease but of you pursue the person he sat down and check you will see that the thing is very high, there are times that I refer them to the hospital and at times when they go to the nurses, the nurses refer them to the hospitals straight so my opinion is to be continue else people will be dying.

I: Uncle you are welcome, you are Number nine, I hope you've been here for the past 20minutes so if you have something to tell us on this question

R9: I would like us to continue because when this project wasn't there, is like there is pressure on the hospitals when you go there people will be in a queue and they will keep long over there before they will be able to know their BP status so due to that we were aware that it was a voluntary work before we involved ourselves in it so I would like to continue.

I: All right, so number five you wanted to say something

R5: Yeah, I think it should continue because when you go deep down to our communities we have so many people there and they don't know anything about BP because now when you are at the hospital you will see so many people coming around saying my head aches, this place of mine hurts and a whole lot among others and I think it's all the symptoms of the BP so I think we have to continue but the people should be more. If they can employ people so that they can go deep down the roots, we have so many people there that they don't know so am pleading with you.

I: Okay that's nice, so who else, number four, you want to talk

R4: Again I want to add to my brothers this thing, I will give some example, this BP killed my sister just like that, she didn't know she's having a BP, she just came to pay me a visit and she was complaining of some pains and I said oh no sit down I want to screen you and see so after I screened her BP almost to 200 over 100 plus so I told her your condition is above so you have to visit a doctor, you are not here with me to be directed to the CVD nurse before we you see the doctor, you are at Accra so immediately you reach Accra try to consult a doctor for your this thing, she didn't do that and she was just taking it as a joke, two weeks she was off and this is the black that am using, we just buried last week so the doctor said he had to make a post mortem for the death because how the death is sharp he didn't understand so after the post mortem the doctor got to know that it was Pressure so we have to continue the work.

I: Okay, number three you want to talk

R3: they've said all

I: They have said all, okay that leads us to the next question and it's so interesting, so with amidst the challenges and the good things that you just said, have your revenues increased by maybe being involved in the comhip project? Did you get the question, have your revenues in one way or the other increased as a result of the comhip project? Revenues in terms of the monies that come to you before the project and now that the project have come, do you now see that your revenues have increased as a result of the people that are coming to access your facilities, maybe

when somebody comes there to check BP, he doesn't come there to check BP alone but have come there to buy at least some Paracetamol and other things, so I just want to know that with this your revenues or your income have increased and if they have increased, how.

R8: laughter, yes we could see from the onset that when the people now are in the shop, you see this town when somebody is sick it's a carpenter who will prescribe medicine, go and buy this go and buy that no matter how that person is in your shop and you are convincing her

I: You mean carpenters drugs for people

R8: Yes even fish mongers prescribe medicine for people and when they come to your shop they will say somebody say its malaria so I should buy this and buy that, when you ask who is that person they will say it's the carpenter so when you are trying to convince that this medicine is not suitable for what you are saying so you tell your story and they will not agree but after this comhip project, when they come we sit them down and they are able to tell their stories so that you can advise or give, you see that you have changed anything you tell them

I: So in that your counseling's sections for your client have changed

R8: Yeah and it has raised revenues

I: How has it raised it, do they buy more drugs now?

R8: Formally when the carpenter prescribes the medicine and you are trying to convince telling him the truth that stomach ache is not for Paracetamol so try to buy Tran silicate he will not agree but now they have agreed.

I: Oh okay, I see

R3: it has increased our revenue a little, somebody will come that he's having dizziness, normally when people complain of dizziness we feel the BP has gone high, you will screen and at the end of the day it's not high so you check the conjunctiva to check if the person is having anemia or there is paleness there, if there is paleness there then you will give something that will boost the blood system so it has increased our sells a little

I: A little?

R3: Yes, not too much

I: Okay, I think some of you are not talking and I would like to be calling you now to talk so number one

R1: Okay, for me I think aaaam not that much because previously when the person comes in and maybe the person complains about some pains or any sickness, I mean provided we are being trained either malaria or other related diseases you can serve the person but when the person come and complain about maybe headache and you screen him and maybe the reading is above threshold, you have to refer the person which means you will not give anything

I: Okay, so you mean a little or no has it increased your revenue

R1: Oh sometimes the person comes and you screen him and maybe the condition is a little bit okay and you advise him something not to do the person will feel if so then give me this give me this then you can sell them.

I: So they have self-prescription?

R1: a little not much

I: So your income has increased a little not much

R1: A little, just a little

I: Okay who else would like to comment on that, number six, your money your income, has it changed or

R6: Somehow

I: Somehow how?

R6: It has increased somehow

I: Will you be able to tell us the somehow, the margin of increase

R6: Now they have been buying the drugs small small

I: Compared to?

R6: Yeah the previous time

R2: it has increased it small, because last when a client came to me, when I checked the BP for her, the BP is normal but that day her doctor prescribed some drugs for her to buy so that morning I was able to sell cough mixture and then Paracetamol syrup early in the morning

I: I see, So as a result of her coming to check her BP, she bought Paracetamol syrup and other things for you so that way it has increased it small

R2: Yes

I: So that is okay, so who else would lie to, I think number seven

R7: To me I have not studied any revenue increase due to this comhip project because as I am saying we are not to issue out medicines and per the pharmacy rules and regulations too we are not supposed to keep any hypertension drugs in our shops so if through this comhip project then to me we are just mobilizing people for blood pressure screening.

I: So it hasn't changed your revenue in any way

R7: It hasn't changed anything at all

I: So that's okay, lets continue, we believe you've had a lot of training on the BP control by the donor or the r implementing organization, what other training would you like to have in order to help BP control in your community. Do you think you need extra or any other trainings that you have to undergo to be able to control BP in your communities?

R7: yes we need further training because if through this tablet we are able to determine the ranges of BP then we need additional training to be able to prescribe BP medicines which clients don't need to go to any CVD nurse or to the hospital. What facilities or what equipment's that the hospital will need or what they have been using to do those things over there then we also need those same facilities in our shops so that maybe a client maybe doesn't need to go to the hospital before you can be given a drug.

I: Yeah but we are talking about any other training that you think you might need in the comhip in order to control BP in your community, its not about logistics it's about the training. Do you think you need further training and in which particular area do you think you need the training?

R7: In the area of drug prescription

I: Drug prescription

R7: Yeah

I: All right, number one you want to say something

R1: Yeah, we need further training in the area of enrollment because when the person comes and you screen him maybe the BP is above threshold as am saying, you have to refer him to a CVD nurse he will check and tell the person to come back the following two weeks before if anything they can enroll him so we need a further training on enrollment for us LCS.

I: Okay, anybody else, number five would you like to talk? You are fine with the trainings so far

R3: Yeah what the two of them have said is true, because at times you screen and the person to the CVN nurse, the nurse's there are busy and this is an extra work for the nurses so they have to train us on that so that at least we will be giving the treatment at our end.

I: Okay, so you want training on treatment

R3: Yes

I: That's ok so number eight

R8: Okay, as my colleagues said it, at times when the person approach you, we don't close earlier at times we are there up till 12, 11 in the night so you could see that somebody came and the BP was too high above threshold, when we refer them to the clinics and the hospitals, they come back and say the doctor is not there so they say they should come back the next morning, meanwhile the person is suffering, so my view is we have to have some training on at least the first drugs of BO so that when its happen so we can administer something till the next morning so that the person can go to the hospital, this is my view.

I: Okay, thank you number eight, number nine would you like to say something? Okay who else, number five or you are okay with it, then now let's continue, I think we are left with some few questions to go, I hope it's getting interesting

R: All (yes)

I: Okay, so let's go on, back to what all of you want to talk on, now everybody should come up, what is the biggest challenge you have had since being involved in this program comhip? Your biggest challenge, I want everybody to talk

R4: the biggest challenge so far is the medicine, the drug

I: How is it a challenge to you?

R4: Because you screen the one you didn't serve him/her with the treatment or with the drugs that has been the biggest challenge.

I:so the in availability of the drug is the biggest challenge

R4: Yes

I: So who else would like to talk on the biggest challenge that you have been involved as a result of being involved in this comhip at your shops, do you get the question

R (all): Yeah

I: is it that you don't have a challenge, or you do?

R2: my challenge is when people come, like check and when I refer them some of them don't go because when I refer I do make follow up to the CVD nurse and see whether the person has come or not and some of them refuse to go and I know their homes and I went back and tell them why I refer you, you don't go, stories, stories, this is my challenge.

I: Now I have three hands so number seven

R7: One of the biggest challenge is that sometimes we are not able to monitor the data base of the client, sometimes when you....with the chain maybe from the LCS, the CVD and then the doctors and all those things, sometimes when you refer, someone maybe the person is not within

your community but at least we should be able to know maybe if the person have been enrolled, probably maybe someone might be from Kpong and when the person is at Agomenya and maybe through the person's business and maybe he had the opportunity to measure the BP and you are aware maybe the persons BP is very high but maybe because of the geographical demarcation that has been given to us sometimes we are not able to monitor what happens next whether the person has been enrolled weather the person is under prescription and this kind of stuff and sometimes we don't know so we should have that platform so this is the major challenge that I have experienced, maybe when you measure you don't know what happens next, if you don't call the person to ask have you been able to go to the hospital and since you know maybe the person is not in the geographical area that have been given you .

I: That's okay so who else has a challenge as a result of being involved in the comhip project

R8: my challenge is most people, you have to persuade them, talk talk before will sit down and check, most people don't believe that they are sick or they have hypertension so they are scared of checking the BP so we have to talk talk before they will do it. And other one is our sister district, Somanya, Yilo and Asuogyaman most of them go to the hospital at Atoa, catholic and Akuse where the data was being brought and most of them too true true they came from somanya to check the BP and back and unfortunately we can't record because they are not in the district

I: So you mean people move from different

R8: Yeah when they heard that this is what is happening, they were reacting that we are all brothers and sisters, why is it that, people from somanya come to me that we hear that this is what is happening but when you check you realize that the BP has risen and you can't refer them because they are coming from different district.

I: What are some of the reasons they do give for being scared of this screening?

R8: You see mostly this area is known to be this HIV/AIDS and the way the media and the some of the health workers having been stigmatization the people so they fear whether we are doing some CID, when they come they fear that this people are some underground investigators and

they are working so they fear. Somebody told me “I don’t believe you people, sometime to come you will tell me I have HIV/AIDS” so they will not come.

R4: okay, in my community, people want me to come rounds to their houses because when they come to the shop what they will say is “please am not ready am in a hurry” so if you can come to my house I will be happy and take it for me.

I: Number eight is saying what?

R8: I was being told at the training ground that nobody have the right to send the device to the house to check for anybody

I: Okay so unless the person walks to your shop

R8: Yes but we know people want us to enter their houses and check for them

I: Okay thank you, number three

R3: Yeah my challenge is about some of the CVD nurses, when we refer the cases to them, they don’t care about them at all, somebody’s BP is very high, I could remember a certain man and the BP was so high, he said he went and sat down for about three hours and left to the house again, so I called the man “have you been given drug”? He said no, the CVD nurse didn’t mind him so he went back to the house so i had to call the CVD nurse again before they called the man to come back and the BP was so high. And a certain boy too, he went and sat down nobody mind him and he said he sat down from 7-11oclock and he left, they have their telephone number to call but they refused to call the boy too so the biggest challenge some of the CVD nurses, not all of them , some of them.

I: All right, thank you, number four

R4: I also have the same problem it was only last two weeks that I sent someone to the CVD nurse with a higher this thing, she went twice and she couldn’t meet the CVD nurse and so she came back to me so I had to give her the prescription to the doctor at Akuse so I let her move to Akuse to the doctor and then he was treated at the hospital.

R5: I also think that, my challenge is that the process is too long and perhaps if they can remove the CVD nurses out of the project so that we can even send them straight to the hospital. if we send them straight to the hospital, if we have CVD nurses at maybe at Atoa so far as the CVD nurses will refer them to the either Atoa government hospital or Akuse or Agomanya and therefore if we have CVD nurses at either Akuse, Atoa or Agomenya and then they will do that process and in that process immediately they have seen that maybe the BP is high and they have to refer them to the doctor or whoever is there and then they will do that in the process so that at least the patient will even get that access and then get his/her drug.

I: So another challenge is the screening process, is too long

R5: Yeah it's too long

I: So you think the CVD nurses must be taken off the screen

R5: Yeah exactly

I: So that you can have a direct referral

R5: Yes

R4: please if they can be attached to the hospitals

I: If which people can be attached?

R4: The CVD nurses, if they can be attached to the hospitals too that it will be once so we will send them once so that when they go to the hospitals the CVD nurse is there so that after the screening then direct to the doctor.

I: Number six you are not talking, is everything fine for you, you don't have a challenge?

R6: Yeah

I: No challenge, okay number eight, I think you've given us two challenges already

R8: Yeah, the last one

I: So you want to give us more, okay that's fine

R8: Yeah, my challenge is other devices must be added to such as the diabetes monitor then scale and thermometer must be added to the chemical seller's device.

I: Yes, but basically the question is trying to ask us about our biggest challenges as a result of maybe being involved in the program so fine you have given us challenges and recommendations, so now let's get the biggest challenges that we have.

R7: am still seeing that there are some lack of awareness on this project still until somebody will have a headache or somebody will feel some pains around the body, maybe people are not especially the youth, they are not interested in listening to this kind of thing and issues, mostly when you tell them maybe your BP is high go and do that it's like telling him stories so sometimes some of them they don't know the implications so some of them you will try and talk talk talk, yesterday it was the same headache and I took Rapinol and it was over and today you are telling me a different story.

I: So your challenge there is the lack of awareness and maybe if you refer them they don't go

R7: Yes especially the youth

I: Okay so number four

R4: what I want to add if only they can give the awareness as my brother has said for an information to over the counter medicine sellers that we are the first aid screeners so everybody can come to any of the shops to screen, I hope that also will be fine.

I: So now let's move on to the next question, amidst your challenges, what is the best part of being involved in the COMHIP project or the program, your best part of being involved in the program, did you get the question right, or the benefits you got out of being involved in the program, or some of the relieves that you've got or anything that I mean has made you happy as a result of being involved in the program. The best part of the program, comhip.

R7: in skills wise it has boost our confidence, secondly too, we are now attached to the community, the people freely walk in and the project is cost free, you come to the shop and its not a matter of paying anything and the third issue that I can talk about is now people are now

aware that is nor all sicknesses that they have that they should be paying attention, maybe now they know it is the BP that is killing them more so now they pay attention to them more especially those who have had one time experience. So we are now more attached to the community.

I: So your best part is that people are more involved now in the program, people are more enlighten, they are more aware of the BP and they are no more dying as they used to, so you are happy with that

R7: Am very very happy

I: So who else number nine do you have anything to say, you were saying the project has increased your revenue so what is the best part or you still don't have any good thing about the project, I just want to see the best part that the program has done to you, number one it looks like today you've been quiet, I know you to be a bit so

R1: As my brother said my best part in being in this project was that errm as am saying previously am not having BP screening machine and then the tablet but due to this project I now have machine to screen people and even in my community there people just come in for screening and being recognized as my chairman said, previously we were not being recognized, they just use us as we are just a drug sellers.

I: Okay but for now they respect you

R1: Exactly

I: They put more prestige on you

R1: Exactly

I: I see and what else?

R1: And many more

I: Okay we want to hear the many many more

R1: Am done for now

I: Okay so can somebody add up to where he left, yes the best part of being involved in the program, the best part, I think this one you should talk more because a lot of you were saying it behind the scenes that you've had a lot of

R3: yeah am just supporting what he is saying, the best part of mine is when people see you in town they are happy that you've saved their lives they dash you things , somebody brought something from even Togo and said it was for not this woman I would have died because her BP was high

I: So you have a lot of testimonies coming to you

R3: yes

I: For saving lives and you are happy

R3: Yes, am happy

R2: as for me people call me in my community doctor, doctor, doctor so am proud of it, early in the morning I put on the white coat so people all me doctor

I: So that alone you are proud of being called a doctor so that's the best part of it

R2: Yes

I: Okay so who else would like to talk on that, if we've exhausted that then let's go on, we are left with some few questions to go. so let's move on, do you think it would have been, I think this question you have one way or the other touched on but I would still like to ask, do you think you have or you should be allowed to stock and prescribe medication for controlling hypertension? If yes why, if not too why? I think everybody would like to talk so I will start from number one and then we will go that way, so I will ask the question again, the question is this, do you think you should be allowed to stock that means to keep the drugs and prescribe the drugs or the medication for controlling hypertension?

R1: yes

I. Why

R1: because there are some conditions when the person comes in and maybe the CVD nurse have closed as they said earlier on and then maybe the screening is above threshold, you have to give her something but as you don't have the drugs to give you will tell the person to go and see the CVD nurse meanwhile the condition is in a very I mean, so it's like we have to keep the drugs and then sell.

R2: we would like them to give us the drugs

I: You want to stock it

R2: Yes because when a client came to you or come to you and you have screened him/her, maybe the BP is high and maybe your CVD nurse is not nearby you, maybe the person will take "trotro" before he will go to the CVD nurse, maybe at that time the person doesn't have any money at that time so if the drug is there you can give first aid and also they should train us in the drugs because the drugs we have milligrams when the BP is high you give this, when its average you give this, I think that one also will help us

I: Thank you very much

R3: Number three yes because that is part of the agreement, the agreement given us before we signed the consent form for the program is we will be given drugs, yeah so they have to do that

I: So because it was part of the contract it must be fulfilled

R3: Yeah

R4: the same as my sister have said

I: What did she say?

R4: The contract has been signed that we will be served the drugs to be distributing so as the business is on we have to get the drugs in stock so that we can serve the community for them to be happy so that they shouldn't be moving here and there going to the CVD nurse the CVD nurse is not there before coming to you again for a doctor.

R5: I think no, because in a way we are not doctors and in the first place medical and doctors council They have rules and regulations that they use in prescribing drugs so perhaps let's assume that you are not a doctor and then a patient comes to your shop and then you prescribe a drug when something happens, they will hold you responsible so I think no we don't have to do that.

I: All right, number six

R6: Yes, to save pressure on the doctors and then the nurses at the hospitals.

I: Okay, number seven,

R7: yes because our clients have so much confidence in us and the most painful aspect is that we know our health insurance system, sometimes they get the perception that am going with my card and when I go I will get access too this drug free of charge but when they go there it's like oh am not holding money and they will say okay then let me write the medicine for you so that you can buy it from any pharmacy shop, and because of the confidence they have in us when they come back they say oh give me this hypertension drug and its like I don't have it so go to the next, what do you think your client will think about you so I think the confidence they've put in us before giving us the tablet and all those things, if they think we don't have the knowledge then they should train us more so that we will be able to stock this drug and give it to our client.

I: Okay, number eight

R8: My view is yes, because we are not fighting that they should give us the high drugs or plus A drugs but the first aid that can contain the person till the morning, I've said something that we stay late into the night and when we refer the people at times they come back and say we didn't meet the doctor then I say come tomorrow morning meanwhile the person is suffering, so we are not fighting for the hard drugs the common ones as they've given to the CVD nurses they train us on that .

I: If I understood you well, you think that when the drugs are stocked at your shop the client or patient can get easy access to it as compared to when its stock at the hospital

R8: We are not fighting for the hard drugs just the first aid ones and we should be trained on that

I: Okay, thank you number nine

R9: Yes I think the drugs should be given to us because at times they do come to us in the evening and when its 6oclock or 7oclock when you check their BP for them and its above threshold you have to give them first aid

I: Yes you are all saying above the threshold, can you tell what the above the threshold is because maybe it's a form of education so can you tell me what the above the threshold is

R5: When it's above the normal level

I: And what's the normal level

R4: The normal level is 120

I: Okay thank you very much, sorry for the interruption anyway but for the sake of the information I need to get that okay so continue

R9: So due to that the drugs has to be given so that we can give first aid for the people so that at least the following day they can visit the doctor or the CVD nurse, for my CVD nurse anytime you refer a client to her they do come without seeing her, they will come back to me that she's not around, she's not this she's not this meanwhile we are not having the drugs, you understand, so due to this particular reason the drugs has to be given to us so that we can easily give out.

I: All right thank you so much, I think all of you have said a lot about how well the, whether you are allowed to stock and prescribe the medications for controlling hypertension so now let's move on, would you like to recommend this program to other colleagues and if you say yes why and if no too why?

R4: Please explain the other colleagues, do you mean district or other colleagues in my district

I: Other colleagues, maybe not all of you chemical sellers or pharmacy shops are involved in this program and some other people too in the district that you think this program is helping so much in your community, you know you are not living in lower Manya Krobo alone as pharmacy shop or drug sellers, other people are in the district, somebody said some people even come from Somanya which is a nearby district and upper Manya and yilo and Asuogyaman and the rest so

do you think your colleagues there too who are in lower Manya gotten the opportunity to be enrolled in this project, do you think you will recommend this program to them as well.

R7: because during our last evaluation meeting with COMHIP the results shows that they've been lots of improvement, a lot of the people that have been screened majority were those that have been enrolled on the program, that means both the youth and the old age BP is a major problem in lower Manya here and we can think of other districts as well so the project is helping a lot and its helping the community

I: So in your view you think you will recommend to others

R7: Yes based on the results we've had so far

I: Even without allowance you will still recommend?

R7: Yes I will still recommend, it's just affecting our business but I will recommend

R3; Yeah number three I think it should go to other districts as well because you people are from the school of public health and the aim of public health is to prevent diseases so if you people are from that place and we have to prevent the spread of this BP so if it goes to other districts then which means all of us are doing the same thing and in no time Ghana will be free from this hypertension

I: Okay,

R2: I also the same because the BP is not for only lower Manya, there are BP patients in Yilo upper so we can extend the business to other areas

I; Is number four ready to talk?

R8: as I said from the onset that when the data was collected these three districts Asuogyaman, yilo, upper and lower Manya that is four, they all go to the same hospital and only lower Manya is chosen so I could see that there is a lot of hypertension hiding in the upper Manya and the yilo and Asuogyaman because we are all the same people, we do the same culture, we eat the same food we drink the same drink

I: So you will recommend it to other people in the districts

R8: Yes around us, our neighbor district

I: Okay, thank you, who else have something to say, are we tired

R: All (we are not tired)

I: We are left with two questions, we are almost done

R1: I think it should be extend because I think at the earlier stage they told us that the project is in a pilot base so as it is in a pilot base it supposed to be extended to other districts for them also to benefit

I: So let me just ask a follow-up question on that, how would you recommend the program to your place? The means of recommendation, how

R7: COMHIP is the project implementers so errrrrr

I: COMHIP is the name of the project FHI 360 are the implementers

R7: Ok so we are pleading with them because this involves cost and we cannot do it, I sitting here I cannot do it will just be a word of mouth so I don't know they should be able to project some of these results to government if government can come in solicit for funds so that the project will be on a very wide base because the results that comes out of lower Manya alone tells you what happens in the whole Ghana so FHI 360 should come out with more funds so that the project will be extended to other districts

R4: yes please as he has said maybe not that FHI cannot control if government is not involved, maybe they have the capacity to control but this is just a started to see how best it will work before they will know how to expand it, yeah so it's a matter of to throw it to them, they have to

I: Let me make the question clearer, you said you would like to recommend this program to your colleagues, how would you recommend

R4: Yeah the recommendation is that we have an association that the organization is easy to just expand the message so through the association when they want to expand its easy when they fall on the executive members, they have the day on their meeting days to organize them so that they can meet them to just share the ideas.

I: So you mean you belong to an association and you can get the members for the program to be recommended to your other members through the association

R4: Yes and that's very easy so that everybody can get involved.

I: Okay, yes who else, okay let's continue, now we are going to talk about more recommendations for improving the COMHIP for the hypertension prevention and treatment services. So how can we improve on the COMHIP, is there anything that we can improve on or the hypertension prevention and treatment services, how can we improve upon the COMHIP project? Is there anything that we can improve upon?

R7: we appreciate all that they've done for us in terms of the tablet and credit and bundles

I: Oh they provide you with credits!

R7: Yeah credit and bundles and with the training but some of the challenge we have now is he access to have a sitting table, a table and a chair with requirements, it's not just any a table and a chair, the appropriate sittings when you want to check someone's BP and all that but sometimes I will bear with you when you go to some shops some of them sit on a bench and all those things, the tablet is on the bench and the client is also sitting on the bench so I think they should be able to provide us with some tables and a chair. We are happy with the quarterly meetings they've been having with us with the evaluations sometimes it makes us to correct and to know what our other colleagues are also doing

I: Thank you very much, any other

R3: The question again

I; the question is how can we, all of us improve upon the COMHIP for the hypertension treatment and prevention services, did you get the question

R3: Yeah

I: So it's all about improvement, how do we improve it?

R3: We should be given some token

I: Is it the service providers

R3: Yes it's free but you see Ghana is becoming, everything goes up day in day out but doing it freely like that it's difficult for us so at least some token every month ending

I: So how would you that token improve the project?

R3: Oh I will be happy to do the work more if am giving something

I: You are talking about motivation

R (All): Yeah

I: That one everybody says yeah yeah

R4: That is the fact, , you see the motivation is important because of the time that we use to screen , the time in screening, maybe you are selling, people are on you to sell but because of the screening you have to get a time for the person, sitting down and getting the persons details before you start the screening and it takes time, we have a minute reading for the screening and it takes time, maybe you have to have the time to do something that will profit you, you have to adjust it to screen to the person so that he/she will also get a profit there, saving the life so as they are saying

I: So bear in mind you will be giving us some suggestions and the areas that they need to improve on the project so I think these two questions are going to be the last question and you should be thinking about the suggestions that you want to give and then the specific areas that you think might be improved upon to make the project a successful one

R4: Oh I mean all the areas have to be improved

I: Areas like

R4: As we are here now we are all in the business and we would all like to continue, we don't want the project to stop so as we don't want the project to stop, we want the increment of the project, everybody will do the work and would like to

I: Okay who else

I: Number five is on the floor but I would like to clarify this, everybody is entitled to his opinion, you have the right to say your mind so nobody should maybe in a way say that this is what you said, your mind is different from somebody's mind so let us try as much as possible to, even if what

I: Number six wants to talk, number five wants to talk, number seven wants to talk but I have the right to call and nobody can bribe me so number six

R: (All laughs)

R6: By creating awareness, doing advert on the radio stations can improve the services

I: Okay, so number seven, now we are talking about the suggestions improving the services

R7: To improve this project, they should be able to recognize us and have the confidence in us that we can prescribe the drugs so they should talk about umbrella body that this prescription should form part of the core-business of our training that we should be able to stock the drugs

I: So you mean the trainers should see you as more competent to deliver

R7: Yeah to deliver and that we can do it

I: And that will improve the services

R7: yes

R5: I think communication is also one and we have to improve upon our communication because sometimes we will not even hear from them for about six months but at least if you are there once in a blue moon they have to call and ask us oh how is the project doing and then we will also tell them something small about it so o I think communication is very important

I: For you the service providers

R5: Yeah and then there should be some small token at least that will also ginger us to do the work more

I: So that one all of you will say what

R: All (yeah yeah)

R5: And then the third one also if they can extend it to churches, because we have so many churches around and therefore if we can also send the machines to that place around and then we check the BP for them I think it will also help.

I: Number three

R3: Yes we normally meet every three months or so in knowledge sharing but now we've not been hearing from them again, is there that everything is put on a screen and you will know if you are doing well or not so that you will back up but if we've not been hearing from them again there's no knowledge sharing which means the project will not go on well

I: Even if the project has come to an end they should officially inform you?

R3: Oh really!

I: Oh no am asking

R3: Yeah so that we will know that there will be no knowledge sharing again

I: Yes number eight

R8: My view is as the project started they should add other training because we are selling medicine to give us the knowledge of other drugs

I: Oh so you want them to shift from hypertension

R8: No. no they should add other areas Okay I requested for a machine, the diabetes machine, the scale, and the thermometer must be given to us to improve the service well well.

I: Oh okay, so now I want to, this one is our last question, there's another hands up somewhere, okay number seven

R7: To make this project a better one I see it as that kind of geographical demarcation that they've given us it should be strike off whereby maybe you can't monitor people that you've screened and maybe you are waiting to see any result from them but maybe because the people are not in your geographical area you cannot see them and that is creating some kind of limitation.

I: So you are restricted

R7: Yes we are restricted

I: All right, now our major and last question, you talked about the suggestions, you gave us a lot of suggestions to improve the services right, so now we want to know from you just tell us specific areas that you think can be, I know some of you have already said it but I know there is more, there a lot of specific areas that you would like to talk about to round the whole thing up that you think must be improved on the project. Did you get the question, we want the specific areas that you think can be improved on the project

R5: I think the motivation is one, then communication is two and then

I: And then somebody should continue

R7: There should be awareness through these radio stations and the information centers within our community and even within the churches, they should do more

I: Nothing about the screening process, it's an area, you realize that we have some thematic areas, screening section, counselling section, monitoring section and even the drug appearance section and effective referral section, those areas do you think it is well done or those areas are supposed to be improved upon

R3: the screening section, the BP apparatus we were told after one year they will come for all and go and wash or do something, I've forgotten the term that they told us but we haven't seen them, my BP apparatus now you press about 10 times before it will come on, I called nobody cares .

I: Okay so who else, specific areas that needs to be improved right from screening to your checking of the BP to your monitoring and referrals and stuffs are they all effectively done, do

you think there is something that we have to improve upon, those are the thematic areas or you are okay with that, you still have to give us your final words.

R4: if they can make the motivation so that and then to advise us to go house to house to do it if you are there doing nothing and to do the screening house to house, because there are people in the house they can't just come to the shop for the screening, but when you go there they are happy you will come to them and then screen them so if the COMHIP can advise or give the go ahead for that this thing so that the motivation will be bigger.

I: You all are saying motivation, motivation in each area, motivation can be I come to talk to you, what specific area of motivation.

R5; It should be allowance

I: So motivation in the form of cash

R: All (yes)

I: Okay and she is even saying something that even the phone that was given to you, I mean the tablet, the kind of training that was given to you because by then you were not having any training on hypertension and even some people even the software is being used on the tablet because I think even the privilege to undergo such training is a form of motivation, am only asking that if you are saying motivation, you should be specific, it could be IT motivation, it could be financial motivation, it could be training motivation, it could be anything so I think thank you so much for bringing that thing up. So has anybody got something to say again?

R7: Yeah with the improvement, I think as we've said earlier on they should include us in the enrollment process because we are more attached to the community we know the people, sometimes those that you see for screening they are clients that buy from you every day so if they are saying we should be doing the screening and somebody should be doing the enrollment in the process we don't know what happens else again, so they should involve us if truly they want this project to be improve then they should include us in the enrollment process.

I: Oh okay, thank you very much, has anybody got any question, any suggestions, any contributions to give on the COMHIP as a final word before we say goodbye to you today? Has anybody got something to say, any final word?

R7: we really enjoyed the initial engagement process and subsequent knowledge sharing and evaluation section they shared with us but for sine time now we've not been hearing from them, we don't know what are their challenges also, if anything they should be able to communicate with us.

I: Okay, thank you, I think that there was a question that we wanted you to throw more light on so we would like to retreat that question for you to help us get the answers so well, just one question please, so that we can go. I was asking about the third question, remember, and the question is maybe if you are not around and your assistant too is not around, who else takes up the services over there

R: Nobody

I: So when someone comes on a typical day, when I come for screening you are not there, your assistant is not there, what happens .

R4: We don't close our shops apart from Sundays and even on Sundays we do half day

I: So it means that when you are not there and your assistant is not there the shop is closed

R4: No it doesn't close, some say it's closed

I: So we are talking about a situation that you are not there and the owner too is not there

R5: Then it's closed

I: So nobody provides the services

R (All): Yes

R: it's a technical work so you can't just put anyone there

I: Thank you very much for your time and God bless you so much for your time, so on behalf of COMHIP evaluation team myself and Angela we would like to thank all of you for your time and

then we appreciate your contributions and we are so much happy because it was getting very interesting what we were supposed to spend 45minutes we ended up spending one and more than half an hour we are very sorry.

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000001

Main interviews

I: Please can you tell me anything about yourself, your name, the work you do and everything?

R: My name is xxxx, I come from Oborpa and I'm a kenkey seller

I: So kenkey is what sell to cater for yourself and everything?

R: Yes please

I: So, are you still doing it now?

R: Please yes

I: Where do you work?

R: Oborpa

I: Do you carry the kenkey around town to sell?

R: No, I sell it at night

I: Do you have a family that you live with, are you married?

R: I live with my parents. I have two children but I'm no more with my husband.

I: Where are the children?

R: They are with me here

I: The children are with you in the house and you always see them right?

R: Yes

I: Do you have anyone in the house that helps you when you are in need of help?

R: Yes

I: Who?

R: My mother

I: How would you describe your house, is it a self-contain, a two or three or four or a how many room apartment do you have?

R: We have two chamber and hall and two single rooms.

I: So which one of them are you staying in?

R: One of the chamber and hall

I: Please what is the level of your education, can you tell me anything concerning your school?

R: For the school, I only got to JHS two and stopped.

I: Why did you stop at JHS two?

R: By then my father was the one taken care of me, when he got sick I went to care of him at the hospital till he passed away. After his death there was no one to help me continue my schooling so I stopped there.

I: In which year did you stop at JHS two or you can't remember?

R: I can't remember.

I: Okay so let's come to hypertension or BP, which is a blood related disease. Who has been taking care of your BP sickness whenever you come to this place, the doctor, nurse or who?

R: Madam Amevi who is a nurse

I: So the nurse is the one who mostly takes care of you when you come here?

R: Yes

I: Do you have a working health insurance card?

R: Yes

I: Is it here?

R: No it's at home

I: Did you send it to a clinic to verify whether it is working?

R: Yes please

I: What shows that it is working?

R: They use it to care for me whenever I get sick and I come here. The last time I came here by then the date had expired and I went to renew it

I: So now it's working right?

R: Yes

I: Now let's see how much knowledge you have about the BP disease. Can you tell me about your health as you are sitting here now, any sickness that has mostly been disturbing you?

R: For now the way it has been doing me at first, it has stopped

I: Has the BP been worrying you?

R: As I'm taking the medicine now it has come down

I: What other sickness has been worrying you apart from BP, do you have headache or any other sickness?

R: I feel pains in my body when I work and get tired.

I: Okay thanks lets continue. Please before they came to check you for BP, do you have any other clinic you've been taking medicine from or do you know you had BP?

R: No

I: So now that you know, have you been coming for the medicine as its required of you and who has been helping you with that?

R: Yes and the nurse have been helping me

I: which nurse?

R: Madam Amevi

I: Have you had any knowledge about BP before you were been diagnosed of it or you came to know after?

R: I had no ideal about BP by then but now I know much more about it

I: What do you know about BP now?

R: When you are put on BP program you have to take the drugs as required

I: Where did you get all the knowledge and information you have now about BP from?

R: At the clinic

I: Apart from the clinic where else did you obtain your knowledge about BP?

R: I heard it from people in town when they are talking about it.

I: Where else?

R: The clinic is the main place.

I: Let us go to our next question. Do you believe that this BP is a sickness we should be more concern with and why?

R: Yes because if attention is not giving to it, you will not know you have the sickness and you will do anything you like.

I: Doing things like?

R: If the person doesn't know he/she will be drinking alcohol and plenty of pepper.

I: If he/she does those things, what will happen?

R: He/she can die at anytime.

I: Do you believe that this treatment that are been given to you to make you livelong is very important and why?

R: Yes please because if you people are treating and remembering us most often, we will also adhere to it and the BP will come down

I: So is the treatment given you is very important?

R: Yes

I: This question I'm about to ask you it's about when you were not put on this comHIP program. Before you were put on this program have you been able to go for medicine from any place at all to treat yourself?

R: No

I: This question I'm also about to ask you it's about when you were not put on this comHIP program. So now that you have been put on this program called the comHIP what are the experiences or the things that you are being told that transformed you or has changed the way you do things in regards to taking the medication without you being forced to do so? What are some of the advice you got from been part of this program?

R: The madam taught me that when I'm taking the medication I shouldn't smoke, eat pepper or drink alcohol. Concerning the salt I should lower my intake and if I obey all this rules and take my medicine, it will come down.

I: So do you believe that all this things you are being told is very important?

R: Yes

I: Have you being able to change your eating behavior now that you are being put on the program?

R: Yes

I: What are some of the behaviors you have changed?

R: I have stopped eating salt, pepper, oiled foods and alcohol drinking

I: Can you tell me about the things I have seen in this program the behavior of the nurses towards you and how you go about in getting the medicine for your treatment and also how fast you take your drugs?

R: As for the medicine, at first if i come to the clinic, the nurse will write it for me and I'll go and get it at the hospital. The first time I went to the hospital I couldn't get some to buy so I went to the pharmacist and bought it. Mostly if you go to the hospital to buy the drug, they'll tell you they're short of it. That's the main problem we have been facing. As for the nurses, I have no problem with them, they are free and fine with me.

I: What are the things they do that you feel they are free and fine?

R: When it is time for me to check my BP, if the month is due, she calls me to come and check and when I come we normally have a nice conversation.

I: What can you tell me about the money you spent on transportation and the number of hours you spent at the health facility?

R: If I'm going to buy the drugs at the pharmacist it doesn't take time. I just give them the paper with the medication written on it and immediately they'll give me the drugs after paying for it so you not wait

any time there. But if it's at the hospital, you will spend much time waiting and when it reaches your turn they'll tell you the drug has finished.

I: okay so do you get help from your family members or any organization on your health condition in regards to BP?

R: No, apart from the nurses that I have been having discussions with and you people who always come to discuss matters with me.

I: what about your family, do your family helps you in any way?

R: The help I can talk about is only with regards to my choice of food. If I'm about to cook they advice me to do it well in the manner that will be okay for my condition. That's all

I: Do you think that in curing or managing the BP condition, they are some side effect that accompanies it?

R: No, it does not have any side effect or any problem but apart from boarding a car and taking money to buy the drugs.

I: okay so ever since they have been giving you the drugs, have they changed it for you?

R: No, the same.

I: So you have no problem with taking the drugs right?

R: Yes, I have no problem

I: Do you think the relationship between you and the nurses and the doctor is cordial or pleasant?

R: Yes

I: What are the things that they do that is pleasant to you, do they listen to you?

R: Yes, whatever I tell them they agree to it and whatever they tell me I also obey so we are free with each other.

I: Do they ask about your opinion on any issue and have discussions with them?

R: Yes, they do ask me if I have problem with anything, and I tell them no if there is no problem

I: How far is your place to where you go to buy the medicine, how much is the transportation fair?

R: It is far, I go to Agomeda pharmacist to buy the medicine and the transportation fare is Ghc12.00

I: Does the distance you need to cover before getting your drug prevent you from going for the medication?

R: since is compulsory that since I'm taking the medication and its about time for the medication to finish, when I come to check my BP , although the place is far but I always force to buy some.

I: considering the facility and the health workers, what can you say about the facility and also how service is rendered to you, your satisfaction with the care provided to you, your waiting time and possibility some problems you do encounter?

R: There is no problem, the environment is okay

I: What are some of the side effects the doctor or the nurse said you will have while taking the drugs. Did they tell you about any side effect or any complication you get when using the drugs?

R: Yes if in case I take the medication and I encounter some complications, I can go and see the madam and complain to her. If there is any advice they will let me know.

I: What are some of the side effect or complications you've been told will occur while taking the medicine? Some people after taking in the medication they encounter some side effect. What are some of the side effect you've been told about?

R: I haven't encounter any side effect

I: but have you had any discussion concerning side effect of your medication and any possible complications?

R: Yes we did but I've forgotten.

I: Have you been ask about any complication you get from taking your drugs?

R: Yes

I: When you asked them a question do they answer you will?

R: Yes they do.

I: Do you think there is something that they should have done for you that will be pleasing to you than what they have done?

R: They should give the medicine to the nurses here so that we too can take it from here so that the lorry fare will cut down.

I: Do they often send you text message and around what time do they give?

R: Yes they do give me text message every night to remind me to take my medicine so that the BP will come down.

I: Do you think this text message is very important and the time they send you the text, do you think it's right?

R: Yes please.

I: Do you understand every message that they text to you?

R: Yes I do understand every one of them.

I: Is it a voice message or a text message?

R: A voice message

I: Do you understand the content of the message?

R: Yes I do

I: Where do you take your medicine mostly?

R: Agormeda pharmacy

I: Have you ever had a problem with them at the pharmacy?

R: No

I: Have you ever had a problem with the prescription form?

R: No

I: with the prescription, do you always get the medication prescribe for you to buy?

R: If only you go with money you will definitely get the medicine to buy.

I: Is the price moderate or okay?

R: Yes

I: **How** do you see the distance from your place to that place and what should be done about it?

R: It is far and if they can help us with something small to be working with so that whenever we go to the hospital and did not get the medicine we can get that money to go and buy it at the pharmacist.

I: If I may ask, do you have a doctor or a nurse who always attend to you and knows you well whenever you come to the clinic?

R: Yes, it's madam Amevi but if she is going to conduct weighing and she is not around the other nurses do attend to me.

I: Can you remember any interesting conversation you had with her or any conversation you usually have with her when you come here?

R: Any time I come here she'll always say I should sit and relax so she'll come and attend to me.

I: What else?

R: That's all

I: How would you describe your relationship with the nurses at the clinic and the workers at the pharmacist? How will you describe your communication with them?

R: it is fine and we are all in good terms

I: Do they sit down with you to chat for long like the way we are sited now?

R: Yes

I: Do they listen to you and how do you know that they listen to you?

R: Yes, whenever I come here, we sit, chat and play so they have time for me

I: since you are on this program, do you think the chemical sellers or the pharmacists relate to you well and are well trained and are you happy with their work?

R: Yes please

I: What can you tell me about the workers at the pharmacy?

R: They are fine. They sometimes ask me if I'm the one going to take the medicine then I'll say yes.

I: Have you ever asked the license chemical sellers or the pharmacist about issues concerning your health?

R: with regards to where I go for my medication I don't ask them such questions.

I: Do you see them as trained personnel's on this program and know how to give you the drugs?

R: Yes, at first when I went there they asked whether I will like to be checking at their place or at where I am staying and I told them I'll be checking it at my place because their place is close to my.

I: so do you think they have also been provided with training that's why when any clients comes around, he/she will be well taking care of?

R: Yes please

I: Within this past two weeks have you forgotten to take your medication even for once?

R: No I take them always

I: So you haven't forgotten to take your medicine?

R: No please

I: Do you have anyone to remind you to take your medication when in case you have forgotten?

R: The message that comes, no matter how much you forgot when the message comes you will remember.

I: Do you use any other medicine aside what has been prescribed for you at the clinic or the pharmacy shop?

R: No

I: Why don't you use any other medicine?

R: Apart from when I experience body pains where I take in Paracetamol or Bluefin, I don't take any other medicine.

I: So you don't have any other person who gives you medicine aside what you are being given at the pharmacy or the hospital?

R: Yes please

I: Comparing your knowledge you've gotten from this comHIP program, what difference or change have you seen in this project that you can say to people out there?

R: The difference that I have seen in that the project is that it is good that the nurses are with us and teaching us how to go about everything and how to go about them. If you obey their instructions you'll get well.

I: Do you think you are getting the drugs as you wanted and are the nurses and the doctors attending to you well?

R: Yes please

I: And the way they interact with you?

R: Everything is fine

I: Aside all these, what else do they do for you at the clinic or at the pharmacist that you are happy with?

R: I'm free and fine with all of them so there is no problem.

I: Before we conclude what will you like to tell us or what you will like us to know concerning this project that you think when been done it will go well, also some of the things you thing should be address because its not the best? What can you tell us concerning all this that if in case they want to continue this project they can do it much better?

R: The only thing I would want to say is that, as we are free with you and you are also free with us and if through this you can be able to help us in monetary ways for us to be working with so that we will not be sitting idle but to have something doing and getting money to be buying the medicine, we will be happy.

I: What do you think it should be done about the drug shortage at the hospital and what also do you think if it's been done, this project will be fine?

R: I want them to bring some of the medicine to this clinic so that when our health insurance card is active and we bring it here, it will cover the medicine bills and we'll not have to pay any other money again for the medicine.

I: What else?

R: Okay if there is no other questions then thank you

I: Do you have any final question to ask us?

R: The only question I would like to ask is that are we going to be taking the medicine for the rest of our lives or there comes a time we will stop?

I: You will be taking it for the rest of your lives.

I: Thank you and bye.

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000003

Main interview

I: As you have accepted to take the interview in English we will like to proceed so please can you tell me a bit about yourself and what you do for a living?

R: I'm a teacher by profession

I: So are you still teaching?

R: Yes

I: So where do you work as a teacher where is your place of work?

R: I'm at Agormenya RC Primary School

I: If I may ask do you have a family around you that you stay together in the same house?

R: Yes

I: Can you tell me a bit about them?

R: I have three kids. The first one is at Nsawam working there and the second born is also a student but they come home during holidays

I: So when they come you see them and how often do you see them?

R: Throughout the holidays they are with me

I: okay so in the house in which you live can you describe the way the house is and the living arrangement?

R: I'm in Kpong for now and is a rented apartment. It is a chamber and hall housing

I: So please we will want to know a little bit about your educational background?

R: I have a diploma in basic education

I: So now we are going to be talking more about the comHIP project which I believe you've been enrolled on. Who is in charge of your care on the comHIP project, is it your nurse or your doctor?

R: is the nurse and the doctor as well because I go for the medication at the hospital.

I: So do you have a valid health insurance card?

R: Yes I have

I: How do you ensure that it's valid?

R: Whenever we renew it I just take it to the hospital for my drugs every month.

I: Now we want to know more about your knowledge and the diagnoses of your hypertension so we will like you to tell us a little about your health problems?

R: I don't have any health problem aside the hypertension.

I: But do you have any other sickness that worries you so much or any other disease that worries you so much?

R: No the only thing that worries me is the pressure but is not all that severe

I: So when you were first diagnose what lead you to seek for care?

R: I was palpitating and I decide to go to the hospital because in our family we have high blood pressure. So when I started feeling unwell I decided to go to the hospital so I wasn't surprise when they told me I have high blood pressure.

I: So when you went to the hospital how was hypertension explained to you?

R: they told me I should stop thinking and they asked me whether it was hereditary and I said yes because my parents have.

I: But did they explain what it is to you?

R: they say when you think too much so they started giving me the medication and I do take it every day.

I: So if I may ask ones again why did you decide to seek for care?

R: Because my daddy died out of that and my mother too.

I: So before you wanted to seek for care who helped you?

R: Nobody, I went to see the doctor myself.

I: So how much do you know about hypertension before your diagnosis?

R: because my daddy has been telling us whenever he has an attack and we ask him he has been telling us.

I: can you tell me the time your daddy started telling you so you mean your daddy is your source of information?

R: When I was in the training college say 1982.

I: So comparing that time and now do you have more knowledge on that now compared to those days?

R: Now I have more knowledge on what to do and not to get.

I: But those days you were just told?

R: He said he has pressure and I say what is pressure and he started explaining small small

I: okay so to what extent do you think hypertension is more important and something that we have to look at it?

R: You will have to take good care of yourself and stop drinking and smoking and the rest.

I: so you think hypertension is an important disease?

R: Yes

I: what about the treatment, to what extent do you think hypertension treating is important?

R: is very important because it can kill you so we have to take good care. When you are diagnose and you know that you have hypertension you have to be very serious about it.

I: Now we will want to talk about the prevention, treatment during the pre-intervention. So thinking about the situation before enrolling in the comHIP program prior to before enrolling in the program did you seek medical care from anywhere before enrolling in the program?

R: No its just the hospital

I: okay so now we are going to talk about the intervention itself. So in the comHIP program what advice have you received on lifestyle measures to control your hypertension?

R: They said I shouldn't smoke, I shouldn't drink and I should take my medication every day and I shouldn't miss it, I should have enough rest.

I: So do you feel it was so reasonable?

R: yes because formally when my children misbehave and I shout I feel sharp pain but this time I think it has stop.

I: So looking at it have you change your behaviour?

R: Yes I have change I have to take exercise, take more fruit and vegetables.

I: So can you tell me about your experience in the program about the availability of the medicines, the attitude of the nurses?

R: As for the nurses they are very friendly and sociable to us and also the drugs I don't take the drugs here but the hospital. Whenever I go they give it to unless when they don't have the bendro they ask me to go and buy.

I: So are the drugs readily available

R: They are available

I: what of the ease of accessing the care that you are receiving from the hospital? Do you find that easy?

R: It's easy just that at times to you will have to go and queue

I: So the waiting time can you tell us something about it?

R: They waste too much time there. At times they have favourite there and they try to favour them and if you don't know anybody you will have to sit there. There was a time I left there around 5:30pm so its bad and that the only bad thing I can say.

I: What about the transport?

R: I don't have a problem with that.

I: Do you have or you have a car?

R: I don't drive and I don't have a car, I'm yet to

I: does anyone maybe a family member or any organisation help you in taking the treatment?

R: No

I: So do you think the treatment has any effect and do you know if the treatment have been change since you became part of the program?

R: For side effect no and it change me for the better. Previously I was experiencing headache as if the head is heavy but now it's okay.

I: Now we are coming down to the relationship that you have with the health care providers. How will you describe the relationship that you have with them?

R: Very cordial especially those here. We come here and they welcome us especially the woman I like the way he talk to us. Any question that you ask she is ready to answer you.

I: So to talk about the attentiveness do they pay attention to you when you come and do they listen to you as well?

R: Yes they do

I: So do you have any concerns?

R: I will suggest that they give us the drugs here than to queue at the hospital because there they check the pressure and they have time for us instead of us going to queue at the hospital waiting all your time there. At times they give us just one pack and we waste the whole day.

I: I understand. So how far do you travel to receive care?

R: I don't travel because I teach at the school here. It's just a stone throw.

I: so do you pay to travel for the care?

R: No

I: So you mean the distance or the cost doesn't prevent you from travelling to access care?

R: No

I: So how were the health facility that you visited about their cleanliness, the stock of their drugs and the resources?

R: It was one time that when they gave me the drugs I checked and it has expired so I quickly sent it back and they changed it so its fine.

I: You spoke about the waiting time?

R: Yes especially the hospital, you will have to wait. At times before you go to the consulting room you will have to wait for long and even talking the drug. Is too much.

I: what about the attentiveness of the staff?

R: they are okay.

I: so do you know what to do when you have any side effect with the medicine, have you been told?

R: Yes

I: Can you tell us

R: They only gave me amlodipine and bendro so I don't have any side effect

I: Okay so what potential complication did your provider discuss with you that it may happen to you one day so you will need to know?

R: he said that if you don't take the medication one day it will lead to stroke and death

I: So where you ask to talk about any problem with your medication on your health?

R: Yes

I: So do you feel they heard your concern?

R: Yes

I: Do you think there is anything in the process of treatment that could have been handle better.

R: that's what I have said earlier on

I: Okay so do you receive any text messages?

R: Yes daily

I: So do you get them through voice mail or text message

R: Text message

I: do you find the text messages very useful?

R: Yes very useful

I: how useful are they?

R: when they text me it alert me. What I do is I take the drugs early in the morning. Formally I take the drugs after meals but I talks it over with madam and he said I should take it before. So when I see the text then I off it knowing I have talking the drugs.

I: so the messages are they appropriate?

R: Yes

I: So was there anything you find it difficult to understand in the message?

R: No

I: So where do you normally get your regular supply of medicines?

R: St Martin's hospitals

I: Have you had problems receiving the medication that you need?

R: Yes. At times they tell me they don't have bendro so I should go and buy

I: SO where you able to finish your last prescription?

R: Yes, this is what is have

I: so the availability, the distance and the cost is okay for you?

R: Is okay

I: Was there a time that you encounter a wrong dose of prescription?

R: that's what I told you that they gave. Foe me I'm very particular about the drugs I take so when they gave me I told them it has expired for a whole one year.

I: so what did you do?

R: I just gave it to her and she said she was sorry about it and told me not to tell anybody. So I said what of if the person it an illiterate.

I: So do you have any particular health professional who looks after you and who knows you well?

R: No I don't have

I: So how will you assess your communication with the nurses and other health care professionals that you have encounter with?

R: I like the way the doctors especially the woman here.

I: so do they respect your opinion and do they respect you?

R: Yes

I: so do they listen to you

R: Yes they do

I: So you've been diagnose have you seen a license chemical seller during the program?

R: No

I: So to what extend do you feel you are kept informed about your treatment?

R: they send me the text on daily basis so I'm satisfy

I: so the last two weeks how many times have you forgotten to take your drugs?

R: I take it daily because of the message. So when I see it then I know I have taking it already

I: do you use any alternative or faith base local medicine?

R: No

I: why don't you take it?

R: Do you want me to die [laughing]. I don't believe in those concoction and the rest

I: So do you have someone else who provides you with supply of medication?

R: No no

I: so in general terms comparing your experiences with comHIP with what you have experience before are there any differences?

R: Great difference. When I started taking it without this I normally forget but now I don't.

I: So before we rap up do you have any final thought you will want to share with us about the generality of the program?

R: The program is very good and I will have wish they give us the drugs here at the clinic and stop queuing at the hospital. I could have wish they check our pressure and the drugs should have been brought here

I: Why do you want the drugs to be brought here?

R: Why should you have to go to the hospital and be queuing? Its annoying because you waste the whole day there. Sometimes when you want to visit the ladies you feel when you go they will call you and at times the way some of the nurses treat the illiterate I don't like it so if they want to do it they should do it very well not just alerting us and how to get the drugs.

I: what else do you think will help to improve the program and any other thing?

R: No

I: Okay thank you very much and any final question for us

R: I don't have any question

I: if you don't have any final question then I will like to take this opportunity to thank you for your time for waiting for me to come to your presence. God bless you

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000005

INTRO AND SOCIAL DETERMINANTS OF HEALTH

I: Good morning my boss, how are you doing now?

R: I am doing well.

I: Please we are about to start now. Please can you tell me a bit about yourself and what you do for a living?

R: ok my name is xxxxxx, I work at NADMO in the lower manya krobo district office so in short I am a public servant.

I: Ohhh ok, so can you tell me your line of responsibilities or job responsibilities at your work place?

xxxxxxxxxxxxxxxxxxxx

Ook,

I am a product of institute of journalism and I read diploma in public relations and advertisement. After old system thus the A and O levels

I: So u passed through the o and a levels and u went to do the journalism?

R: Yes

I: Now we want to talk more about the comHIP project, who is in charge of your care in comHIP, I mean the one who takes care of you?

R: For now it's the madam here, sister Evelyn

I: So is she a nurse?

R: Yes I think she is a nurse, The nurse in charge of agormanya office here

I: Do you have a valid health insurance card?

R: Yes, I have

I: What do you think amounts to its been valid?

R: A valid health insurance card is a card that can be used at any time which means it has not expired, everything is normal

I: So yours is just like that not expired earth

Yes not expie=red

KNOWLEDGE AND DIAGNOSIS

I: Now we want to know a little about your health problems maybe from the one that worries you most

R: Apart from the hypertension, the only one that worries me most is the malaria, if you avoid the mosquito bites you will not get it the the place where I stay there are mosquitoes so sure. But the major one is the hypertension. Initially I didn't know and was having some slight headaches and all those things and I went to for medical check up and It was revealed that I

That brings us to the next question, when were you diagnosed?

R: I think it was in 2013,

2013, so you were trying to tell me what led to the diagnosis

Yea,I went at that time it was very high around 220/100

Eiii wow

R: Yes, they told me anything could happen if I don't get treatment, so I decided to avail myself at the hospital then until one day I decided to come here and randomly I wanted to check and I checked I was proven that it was high and asked me whether I would like to join the program and I responded yes.

I: So how was hypertension explained to you when you came here for the first time?

R: first time, I was told that eerm hypertension is a disease that is not contagious in anyway but it can affect your lifestyle and it comes to us as a result of our own eating one, eating habits and the way we live and the way we carry ourselves we can also get hypertension.

R: So that was how it was explained to you?

Yes.

I: So why did you decide to seek for care?

R: Sure, nobody wants to die hahahaha. And I have heard about hypertension so much but I never knew I also have hypertension and I also want to be healthy and if you are healthy you have everything.

I: So in the process , who helped you to seek for the care you are now enjoying?

R: Ohhhhh, here Sister Evelyn.

I: So how much did you know about hypertension before your diagnosis u were saying something about it?

R: I only knew that it doesn't allow blood to flow through your veins freely because these things would be blocked.

I: What were your information sources those days?

R: Anything I see I read, fliers, listen to radio, and I read

I: Ohhh ok I see

I: so eerm Your information sources at that time and now what do you think are the similarities or the differences? Do you think now that you are far better off?

R: I think I am now far better off. Now I know what I must do and what I should not do, and how to carry myself in a better informed manner

Interesting, so to what extent do you think hypertension is an important disease?

It is a very serious and a very important disease and everybody must know about it.. because they say it's a silence killer and u are there and you don't know your status u can easily be knocked off

So now To what extend do you think treatment of hypertension is important?

Hahahahah, Very very important, because if u don't seek treatment u are like a living coffin your figures would be going hifher and higher and one day u may just fall off

You mean you are like a living corpse erhhh? A Walking carcas

Hahahhah yes.

PREVENTION, TREATMENT AND MANAGEMENT PRE INTERVENTION

I: For now we would like to delve so much in the prevention and treatment and management of the pre intervention. So please if you are answering these question be thinking about your situation before enrolling in this program

I: So we would like to know Prior to your enrolling in to the programme, did you seek medical care for hypertension somewhere?

R: Yes, briefly at st. martins before I joined this one.

I: So we would like to continue with that: Prior to enrolling in this programme did you receive any advice on the preventive measures? When u went to st martins

R: Yes you know that place but because of the numbers no officer has the time to talk to you so much, you have to present only your figures and they advise you one or two and they give your drugs and you go

I: So from whom did you receive this advice?

R: Those days, I think the medical assistants but I don't know their names

I: Prior to this programme, did you change your behavior e.g. diet, exercise since knowing about the conditions?

R: yes, I have changed some

I: So I want what were some of the behaviors you have changed?

R: One, now after 5 oclock I don't take in anything, if anything at all, it must be very light and it has now u know one thing about the comHIP, THE alert on the messages.....

I: I want to know before the comHIP whether those information you got from the hospital, did they affect your behavior?

R: You know it changed it. You know before I got diagnosed u know men before they go to eat something they will like to take In something before they eat but for now I have stopped entirely and now I never do it again

I: Do you remember when you first started treatment? Can you tell us about your experience?

Yes, that was 2013 around june

Can you tell me about your experience on the treatment then

Ohhhhhh Yes, I said when I went to randomly checked and I recorded 200/100 and I was advised don't do this, don't do that, eg to regularly exercise, not to eat any time and when I am asked to take in a lot of fruits

So do you have to pay for anything out of pocket for the first time treatment?

No , for the very first time, then I was on the health insurance thing so and sometimes when the medicine is not there they will just prescribe that to you and you will go out there to buy it yourself

Do you have to pay to travel to the health facility for care?

Yes, sure

Did you lose your job as a result of that?

No.

So Did you face difficulties during the process? Reception, waiting time, availability of drugs

Yes, sometimes you know st martins is a government hospital the number of people who go there, initially u have to wake up around 5 o'clock in order to come home early so the waiting time you have to wait. Sometimes too the drugs are not available and they have to prescribe the drugs for you to go and buy it out of pocket.

So if you had clinical complications, did you know what to do then when you were not in this program

INTERVENTION

I: Now we want to talk about the intervention so when answering these questions think about your experiences in the com-HIP programme.

I: What advice have you received on the lifestyle measures to control your hypertension?

R: Yes Is just the same as the others, regular exercise, not easting late, taking in a lot of fruits,then not taking in any amount of alcohol at all in order to be able to be on your guard

I: Do you feel it was very reasonable?

R: Very very reasonable

I: Have you changed your behavior since knowing about the conditions?

R: Changed totally, unlike those days that you will take in something before eating, now not at all

I: so now in the comHIP Can you tell me about your experience in the programme? availability of the drugs, attitude of the health care professionals, ease to accessing care, waiting times, transport problems. Just tell me everything about the

R: I think with the waiting time we cannot do anything about it because lots of people go there, and we need to know when to go there but if you calculate the time well

What about the drugs are they readily available

Yes, sometimes they are all available, sometimes those that are not available they will write them for you and you go and buy them]

What about the transport? Do you have any transport challenges?

No this town we don't have any transport challenges

So does anyone being it your family member or organization help you with taking the treatment?

For now mmm no.

So do you feel the treatment has an effect? And do you know whether the treatment has been changed since you have been in the programme and what did u do if you ever experienced a side effect?

The treatment concerning the drug no, I have never reacted to any drug

So how would you describe your relationship with your health care providers?

Excellent!

Excellent?

Yes

Oo ok do you have any examples to prove their excellence?

Ohhh yes you know this lady for instance, is always on a constant watch for us and alerts us. She will always call you to remind you if you don't come or oh when are u coming?

So when you get there Do they ask you for your concerns?

Yes, they ask whether you have any other problem, do you sleep well eat well? Etc

How far did you have to travel to receive care? Did you have to pay to travel for care?

R: ohhh atua to the clinic is about 2kilometres before getting here

Do you have to pay for the care

To pay for the cost of the fare or transport

Do you think the cost of the transport could prevent you from accessing your health care?

Ohh nooo, noo

How were the health care facilities you visited in terms of cleanliness, how the drugs are stocked, staff attentiveness, waiting time and any other difficulties?

In terms of cleanliness I would say its ok, resource wise every this thing is challenged but at least they try to do with the little they have,

Any other difficulties?

Yes the waiting time, is not a problem u have to wait for a while to get what you want

I: So do you know what to do if you have and side effects with the medicines? What potential complications did your provider discuss with you?

R: yes, what I know is that, if I react to any of the drugs the next thing is to go back to where you collected them and I believe they would address it.

I: what potential complications did your provider discuss with you?

R: potential complications, since I did not react to the this things, they always tell me if you have any problem come, they told me some the drugs may give me headaches, feeling drowsy etc.

I: so were you asked to talk about any problems with your medicines or their effects? And do you feel they heard your concerns?

R: sure, so sure

I: even though you think they are doing good, What in the process of treatment do you think could have been handled better?

R: on the comHIP program , ohh in fact, I don't have any immediate concern that I can talk off this time, may be later on

I: Did you receive any text messages?

R: On daily basis, when its time for the next review especially when I delay that constant reminder comes everytime

I: Do you get them in the txt or voice messages?

R: Text message

I: Do you find the text messages very useful, appropriate and was there anything you could not understand?

R: Very very useful and very appropriate. I have made it a policy that each day I must beat the comHIP message to stay with me. So I want to take my drugs before they send their message. It is one way of being alert. I understood everything that was said in the text messages.

I: So where do you get your regular supply of medication?

R: Emm, when you go to the hospital, you will get your medicine.

I: So have you had problems receiving the medication you need

R: if you don't have it you just have to get the prescriptions and buy it outside

I: Were you able to fill your last prescription? If not why? May be the availability of the drugs, the cost, distance to travel and wrong dose or prescription before?

R: Ohh, no, no

I: Do you have any particular health care provider who looks after you who knows you very well? Who is this person? And can you describe a usual interaction?

R: So I will name this same person, madam Evelyn doku

I: Is she a nurse?

R: Yes

I: Can you describe a very usual interaction you had with her?

R: Ohhhh, hahahah, we discuss issues about have I taken my drugs ,and all those things. is a very healthy relationship.

I: So how do you assess your relationship with the nurses and other health professionals?

Ohh it is very cordial

I: Do they respect your opinions and the time they spend with you is it enough?

R: I think taking into considerations the number of people they meet on daily basis, its ok

I: Have you ever seen or visited any licensed chemical seller during the programme? How would you assess your experience with the community pharmacists? Do you feel they were skilled?

R: Yes, when you go in to buy your drugs there, definitely you have to interact with them, apart from that I don't go there

I: How would you assess your experience with them?

R: Since we don't spend so much time with time, we only send our prescription there so. They would tell you take it this way or take it that way

I: Do you ask the chemical sellers questions about any other health matters apart from the hypertension?

R: No, I don't discuss those things with them

I: So do you also ask them questions about the hypertension on the comHIP?

R: NO, I don't discuss anything with them

I: So to what extent do you feel you are kept informed about your treatment of hypertension?

R: The extent to which I felt kept informed, ohhhh, it's a very this thing but I believe I was quite informed about it because if you interact with the person frequently and you don't fail in getting closer, definitely you have everything you need

I: In the last two weeks, how many times have you forgotten to take your medication or drugs?

R: I have never forget to take my drugs, I take my drugs every day

I: ohh ok Is there anyone or any help you could have received that would have helped you to remember taking your medication?

R: Yes

I: Do you use alternative or local medicine

R: You know I fear some of these herbal preparations. I am told some can give you kidney problems, so once the orthodox ones are doing the trick for me am ok.

I: So do you have some else who provides you with the regular supply of these herbal medications?

R: Ohh nooo

I: We are about wrapping up, comparing your experiences with the comHIP with what you experienced before, health care professionals , access to care, communication, cost. WHAT are the main differences?

R: Ohhh the main difference u see with the comHIP program, aside the hypertension this thing, they check your sugar levels and I don't know whether that is also part of the program or she has added it, what I know is every six months they check your sugar level for you which does not happen so in the hospitals.

I: So in general, if I want you to tell us something about the comHIP, what would you say?

R: It's a nice program and I wish it is continued and replicated all part of the country

I: Before we end it, do you have any final thoughts that you would like to share with us?

R: Generally on comHIP, that is exactly what I said that it my wish that they do it all over the country to because it will save lives and if it is done all over the country it will save lives

I: This brings us to the end of the interview today. Thank you so much but do you have any final questions for us?

R: I personally don't have any question but the only question I will ask is for how long will this project last here?

I: From what I gathered every project has a life span and when it ends there is a possibility of renewal but I cannot give you any tangible answer to this. Thanks so much for your time. We would meet some other time

R: I hope you will continue to do the good work that you are doing

I: Thank you and motsumi

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000006

Main interview

I: As I said earlier my name is XXXXXXXXX and we work together with the nurses concerning the hypertension condition. Can you tell me a little about yourself; where you are from and your occupation?

R: I'm from Odumase. I used to be a farmer but now I'm also on pension

I: when you were farming what some of the crops you do cultivate?

R: we use to plant banana and cocoa at the Obuasi

I: please are you currently living with your family?

R: Yes

I: which members of your family are you currently living with?

R: I'm currently living in my husband's house

I: So are you living together with your husband?

R: My husband is dead

I: But are you living together with your children

R: Yes

I: How many are they?

R: They are a lot but currently I'm living together with just three of them.

I: So do you usually see them at home?

R: Yes

I: So the housing that you are living in how will you describe it?

R: There are seven rooms

I: Thank you. We will now discuss about the comhip project that you are currently part of. Can you tell me who normally provides you with services whenever you come to the clinic?

R: whenever I come here Sister Margaret takes care of me, a nurse in the facility.

I: Do you have a working health insurance card?

R: Yes.

I: So currently what will you say is the main illness that worries you the most?

R: recently when I went to the hospital I was suffering from Fever so I reported to them at the hospital but the medication that was giving to me after I took it really disturbed me a lot. When I came back and I reported to them they told me I wasn't eating at the right time.

I: So does the hypertension also disturbs you?

R: since I started coming anytime they check for me they say it's okay.

I: So when where you diagnose of hypertension?

R: if I'm not mistaking it will be about a year

I: So after you where diagnose why didn't you say home but rather sort for treatment?

R: Everyone will like to run away from death so when I was told about it and all the future outcomes which may be stroke and other I decide to come and see the doctor.

I: so when you came to see the doctor what did they tell you about hypertension?

R: I was told you will constantly have your heart beating and you won't also be healthy as you should be.

I: okay, so why then did you come to the hospital for treatment?

R: So that I should live long.

I: when coming to the hospital for treatment who normally provide you with support when coming?

R: one of my children

I: So before you became part of this comhip program did know you where hypertensive?

R: No

I: So do you think we need to take hypertension so important and needs serious attention?

R: Yes

I: Why?

R: Because I think you may be knowledgeable more than me and if you people discover something like that and you advise me on it I have to adhere to your advice.

I: I will now be asking you some question which you should relate when you weren't part of comhip program. So before you became part of this program did you know you were hypertensive and do you also go for medication somewhere?

R: No

I: So now that you are part of comhip what are some of the advice that have been given to you to help take care of yourself?

R: with food I was told too much salt is bad and also fat isn't good. So since I was told that I always adhere to it.

I: So you do think what you have been told is necessary and useful?

R: Yes it is

I: So after you have been told what are some of the lifestyle changes you were able to adhere to?

R: I have reduce my salt and fat intake.

I: can you tell me some of the benefit you have receive from the comhip program? Example like when you go for your medications are they readily available?

R: Yes they are

I: What able the health professionals that provides you which service when you go to the health facility what can you say about their conduct?

R: they are fine with me. There are some doctors that when you go to them they don't really have time to spend with you but here they really do have time and are good towards me and also really explain things to me well.

I: what about when you are going for your medication

R: they are also good

I: What about the waiting time you spend at the hospital?

R: I spend time there but since I'm aware I'm not the only one they are supposed to attend to its okay with me.

I: So when going to the health facility do you walk or you take a car?

R: I do take a car

I: Has transportation been a problem to you?

R: No it hasn't

I: So has there been a time that your medication has to be change?

R: For the hypertension medication it hasn't been change but for the other ones if maybe I complain they do change for me.

I: How is your interaction with the nurses and the doctor that provide you with service? Do they listen to your complains whenever you speak to them?

R: Yes they do

I: And when you ask them for something do they also listen it for you?

R: Yes they do

I: what else will you say about your service providers?

R: They are patients with me when they are asking me questions about my health and I also respond to them.

I: So when going to the hospital do you pay transportation fare when going?

R: Yes

I: So has there been a day that you couldn't go to the hospital because you weren't having transportation fare?

R: No because my children do give it to me

I: so concerning the neatness of the environment at the facility that you visit are you comfortable with the practices there and the way they attend to you?

R: Yes

I: So what can you say about the clinic where we are currently sitting?

R: it is okay. Recently I recommended this place to a sick patient because he said because of the transportation fare he won't be able to go to Atua hospital so I told him to come here. After he came back he told me he was happy with the service here

I: so now I will want to know whether you know what to do when in case you experience any side effect with the medication that you are currently taking?

R: Yes I will come and report to the nurse who is taking care of me

I: what are some of the side effect that they told you could experience concerning your medication?

R: they told me that if I'm experiencing some change in my health that I'm not comfortable with I should come and report to them

I: So when you go to the clinic do they ask you about your experience with the medication giving you?

R: Yes they do

I: Are you also able to ask them question and are they also able to answer your questions?

R: Yes they do

I: what do you think can be done to better the services provision here?

R: I think they should be able to provide us with some money if in case we come around and we feel hungry.

I: So do you receive text messages?

R: My mobile phone is spoilt but at first I do receive the messages for about two month ago

I: Is it a voice message or a text message

R: It's a voice message and they tell me how to do take my medication because when I came they took my number on the first day.

I: So will you say the messages are really helping you?

R: Yes they are

I: In what way will you say they have been of help to you?

R: If you forget and you are remind I think that's enough help

I: Can you tell me some of the usefulness of the messages?

R: Sometimes if you forget to take the medication which make lead to a serious problem, the reminder of the message will enable you to go for the medication.

I: So do you always understand the content of the messages you receive or has there been a case where you struggle understanding your message?

R: No I always understand the message because they are really short message.

I: why do you normally get your medication?

R: At the Atua hospital

I: Has there been a day that you encounter some problem when going for your medication?

R: No

I: But has there been a day that you were given another medication instead of your regular hypertension medication?

R: If I'm suffering from fever they do give me medication for that.

I: But have you been given a wrong dose before?

R: No. Anytime I'm giving any medication at Atua I do bring it and show it to them here.

I: So when you going for your medication do you always get all your medication?

R: Yes

I: what about the cost of the medication?

R: sometimes when I go to the hospital and my NHIS card is not valid they ask me to pay GHC48.00 and I also paid GHC12.00 at the folder section.

I: So do you have a particular doctor or a nurse at the hospital that you know as your doctor and he/she also knows you?

R: No I don't know another one at Atua hospital like that. After I go for my older if I'm called to the consulting room I just go and meet however is there.

I: So considering your interaction with the health providers at the hospital will you say they respect you and also listen or pay attention to your concerns?

R: when I go and they ask me what is happening to me I just respond and also if my medication is finish I just tell them and they write it for me.

I: So how long do they spend with you when you go there?

R: We don't really talk for long.

I: Have you ever been to a drug store to get some medication?

R: No

I: So are you convince that whatever information that your health care providers should give to you they do give you?

R: For me whatever instruction they give me that's what I also adhere to

I: So do you believe whatever will make you better is what they are telling you to do?

R: Yes

I: For the past two weeks how many times have you forgotten to take your medication?

R: No, for my medication I haven't ever miss a dose or taking it because I was told if it about getting finish I should go for refill.

I: So aside the medication giving to you at the hospital do you also take any different medication?

R: No I don't take any different medication

I: But do you have any other person who does give you any medicine aside the hypertension medicine?

R: No

I: so comparing before and after you became part of this program what experience will you say you've gotten from been art of the program?

R: I've really gotten lot of help. Now that I'm taking the medications I can see I'm okay and I can see the difference.

I: We are about to end our discussion so can you tell me something that you thing when added to this program will make it much better or something you will like us to change about the program?

R: I will be grateful if you will be of help to me financially so that when my medication is finish I could be able to call you people so that you will be able to help me so that I won't run short of medication.

I: Thank you very much. Do you have any other question to ask?

R: Please no

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000007

Main interview

I: Please can you tell me a bit about yourself and your occupation?

R: I use to sell Waakye and I stopped and I also smoked fish but I also stopped but as at now I am jobless

I: so that means currently you are not working?

R: Yes

I: whiles working where were you staying during your working days?

R: I was at Kojonya

I: So currently where are you staying?

R: I live at Menekpo

I: Are you leaving there together with your family and which members of your family are you leaving with?

R: I leave with my children, two males and two females

I: do you often see them around?

R: As at now I'm with just one of my daughter and also my grand daughter

I: so since you don't normally see your children around do you have someone who does help you at home?

R: I will say the children around are those that support me.

I: so where exactly are you from?

R: I'm from Odumase but I have rented an apartment at Menekpo

I: how will you describe the arrangement of the house you are living in?

R: it's really a big house. I live together with my children in one of the room but the house has nine rooms

I: Please are you educated?

R: Yes

I: what is your level of education?

R: Form four

I: from now our discussion will be on comHIP and hypertension treatment. Can you tell me who is in case of providing you with treatment in relation to your condition with is hypertension when you come to the facility?

R: A madam; she is a nurse

I: Who else?

R: If I go to the hospital I'm attended to by a doctor

I: do you have a valid National health insurance card?

R: Please yes

I: So what illness will you say has been troubling you the most?

R: I don't normally fall sick but apart from diabetes and hypertension that I was diagnose of

I: so you are saying is the hypertension and diabetes that do worries you the most

R: Yes

I: what are some of the experiences that result from this hypertension and diabetes?

R: with the medication that I'm taking, if I get hungry I become weak. I have to get something to eat with five minutes time before I become free.

I: when where you diagnose of hypertension?

R: it's been long about six years ago

I: so what lead to you been diagnose of hypertension?

R: Before it began I was really big in size. I also realized I'm was urinating frequently than I use to and since then I realize I'm beginning to reduce in size so I decided to go to the hospital and I was diagnose of my current condition.

I: So at the health facility what did they tell you is hypertension?

R: they told me the cause of hypertension are too much thinking and also living a sedentary lifestyle. Others are the intake of too much meat and late eating.

I: so when you were diagnose of hypertension why did you decide to sort for treatment rather than staying home?

R: when it started I didn't really know what was wrong with me so I decided to go to the hospital to know what was happening to me

I: so who was helping you all this time before you got to know you were hypertensive?

R: by then my husband was around so he help me out

I: So before you were diagnose, did you have any knowledge about hypertension?

R: I do hear people mention the name but I have no idea about how it occurs

I: so comparing then to now, will you say you are much informed about hypertension?

R: I will say I'm much more knowledgeable about it than before?

I: so do you think hypertension is an important condition that needs serious attention?

R: yes

I: why yes?

R: Because it can kill you at any time

I: so do you think its treatment it's also necessary?

R: it's necessary. Sometimes some people don't even have the health insurance to go for treatment so I think all those people should be help so that they can also get treatment from the health centers.

I: this following questions I'm about to ask you will need to cast your mind to before you where been put on this program or before you were diagnosed. So before you were put on this program were you already taking treatment from somewhere?

R: Yes

I: so what are some of the advice given to you to help you from this condition before you were put on this program?

R: I was told not to eat late and also I should not talk a lot of oily and fatty food.

I: where were you getting all this advices from?

R: VRA hospital.

I: So before you became part of comhip, with the advice given to you at VRA hospital, where you able to change some of your lifestyle you where ask to change like food and exercise?

R: those times I wasn't able to adhere to all the instructions but since the time I become part of comhip, through the teaching and learning I'm adhering to the instructions giving me.

I: can you tell me the date or year that you had your first treatment?

R: 2012

I: what are some of the experience you can talk about from your firs treatment?

R: Like I said earlier own about the frequent urinating I do experience, after I started taking the medication I saw that it has come to a stop.

I: with the purchase of your medication at VRA do you pay before you are giving treatment?

R: Sometimes when you go they will tell you they don't have all of the medicine so you will have to pay for some.

I: Do you also pay transportation fee when you are going?

R: Yes please

I: with the transportation fees is it expensive for you or are you able to pay for it?

R: it's expensive so that's the reason why I left VRA to where I am now

I: So at the VRA, looking at the way they interact with you and the time you spent there and the service they provide you what can you say about it?

R: Before I go to VRA, the least amount of money I should be having on me is GHC50.00 before I can go and come.

I: what about the medication, are you able to get it as always compared to when you became part of comhip?

R: that's what I said they will give you the medication but they will tell you not all the medication is free so you will have to pay a little.

I: So during those times when you encounter some problems with your medication do you know what you are supposed to do?

R: Yes please

I: thank you very much. Our next set of question will be in relation to the comhip intervention. What are some of the advice given you when you became part of this comhip project that you can say has really helped you?

R: when I became part of comhip, they had a discussion with me concerning my approach to food and what to eat. They also told me that too much meat is not appropriate for me and also if I do take alcohol I should stop. They also told me to frequently take fruit and vegetables and also stop eating late at night.

I: What other advice do they give you or is that all?

R: its a lot

I: So do you think those advice given you are useful?

R: Yes please

I: So where you able to adjust your lifestyle to the advice given to you?

R: Yes please.

I: So currently what are the things that you do and what are the things you've stop doing?

R: before when its late and I'm hungry I will still like to eat before sleeping but now I don't and I can see it has really help me.

I: So what are some of the experience you can talk about since you became part of comhip. Some experiences in relating to medication, your interaction with the nurse?

R: with this particular health facility I don't have any problem with them but when I go to Atua hospital, the only problem is the time I waste there. I do really spend a lot of time there.

I: what do you think is the cause of the long wait time?

R: the approach they use to attend to us. Sometimes they will tell you the doctor is not around or they are gone for a meeting so you will have to wait till the time that he will come back

I: what about transportation, is it a problem?

R: I'm managing

I: so with your current condition do you have a support group, maybe an organization or a relative or someone who helps you with your treatment?

R: I will say it's my children but they are also struggling with their jobs. The recent one I attended, the date given to me as my appointment date has even pass since I wasn't able to prepare myself to go there.

I: So you experience any side effect with the treatment you are currently receiving?

R: To me I have not experience any problem with my treatment

I: have you had your medication changed for you before?

R: No but yesterday after I the nurse has examined me she said maybe my next visit when I see the doctor he may change my medication.

I: what can you say about your relationship and interaction with your health providers? Do you have a good relationship and interaction with them?

R: that's what I said that with this place I don't have any problem

I: area they very attentive to you?

R: Yes

I: when you ask them for anything are they able to respond to you?

R: Since I started coming here I haven't asked them for anything

I: have you ever asked them questions relating to your medications?

R: No

I: so when going for your medication do you pay transportation fees?

R: Yes

I: Has there been a case whereby the transportation fare has been a barrier to you going for your medication?

R: No

I: what can you also say about the environment at the health facility from where you go for treatment?

R: it's okay

I: where do you take your medication?

R: At Atua

I: so with the wait time when you going for your medication do you spend a lot of time there?

R: Yes

I: What other problems do you encounter?

R: Apart from the long wait time I don't have any problem again

I: okay so during your discussion with the nurses have they mention anything to you regarding side effect?

R: No. what they told me about the medication is that, the medication is not going to cure the illness but rather going to help manage the condition by bring it down so that the condition won't become worst.

I: but where you told if in case you experience any side effect with the medication you will have to come and report to them?

R: Yes

I: what do you think you will prefer to be done to you that will make you happier than what you are experience g now?

R: what will make me happy is when the time I spend at the hospital when I'm going for my medication is reduced.

I: Okay so do you receive messages?

R: Yes

I: Voice or text?

R: Voice

I: How often do you receive this messages?

R: I do receive them sometimes in the morning and other times in the evening

I: do you think these messages that you are receiving are important and why?

R: They are important because you may forget to the medication but when you receive the message you will be alert to go and take your medication. Sometimes you may also forgot and you will want to take those fatty and oily meats but when the message comes then you will be alerted not to take it.

I: so has any message been sent that you weren't able to understand the content?

R: No, I receive vice message.

I: where do you normally get your medication?

R: Atua hospital

I: have you ever encounter any problem when going for the medication?

R: No

I: Have you ever been given a wrong medication instead of the right one?

R: No

I: so do you have someone at Atua hospital that knows you and you also know him/her as your doctor?

R: Yes auntie Grace

I: so when you g what are some of the discussion that you have with her?

R: I just recently started going for my medication from the Atua hospital so when I go she ask me if Im experiencing any problem then I will also answer her, she then write my medication for me then I go

I: so considering your interaction with the doctors and the nurses what can you say about them?

R: Those that provide me with services are good.

I: so they listen to your complains?

R: Yes

I: have you ever bought any medication from a licensed chemical seller or a drug store before?

R: At first when I do go to VRA, when my medication is finish and I don't want to go to the hospital I do sent the cover to the drug store to buy some but now I don't.

I: During the time that you do go and buy the drugs from the drug store, are you okay with the services they provide you and are they able to provide you with what you want?

R: with the drug store when you go there, sometimes the medication that you want they will say they don't have that particular one but they have a other ones.

I: will you say all that you are supposed to know about this condition is been communicated to you?

R: Yes

I: so for amount some few days ago have you ever forgotten to take your medication?

R: No, I do take my medication everyday

I: have you ever taken any other medication aside the orthodox medicine you are taken?

R: some time ago I use to take herbal medicine but since I started taking this new one I have stop.

I: do you currently have someone who give you herbal medicine?

R: No

I: since you became part of this program have you told them about this herbal medicine you use to take?

R: Yes

I: so when you compare your health when you were taking the herbal medicine and now that you are taking the orthodox medicine which is far better?

R: I will say I'm far better now

I: okay so do you have anything to say that you think when added to this program will make it much better?

R: that's what I said about the health insurance because when you have it and you go to the hospital everything becomes example so I will advise you add that to your program

I: thank you very much but do you have any question to ask?

R: I don't have a question but I will prefer we have some of our medicine here so that we wont spent time at the hospital because at this place you will get it early

I: So thank you so much for coming

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000001

I: Okay please my name xxxx Can you tell about your occupation or can you tell me about yourself? Your name, age and your occupation?

R: My name xxxx, I saw plantain at Agormenya. I sell by the road side so my house is at the back of the council

I: Okay you said you only sell plantain?

R: Yes

I: So please who do you live with, which of your family members do you live with?

R: I leave with my husband and my children

I: Can you tell us a bit about them?

R: I have two children and a husband but we also have some tenants living with us at home.

I: Do you normally see your family around?

R: Yes we do see each other every day

I: How will you describe the house in which you leave? Is it a self-contain or how will you describe the house?

R: It's a an old building from the past with a gate

I: Can you tell me a bit about your education? Have you ever been to school?

R: I did attend school to some extent

I: Which level did you complete?

R: I stoped at form one

I: So for now we will talk a bit about the comHIP project. Who normally give you treatment anytime you come to the clinic or the hospital?

R: The person who give me treatment is call madam Dedo

I: Is she a nurse?

R: Yes

I: And when you go to the hospital who normally give you treatment?

R: At the hospital we only go for medicine

I: From who do you take your medication?

R: Even if we go they write the prescription for us to go and buy so I normally buy my drugs. So normally after meeting the doctor, they normally write the medication for me to go and buy

I: Do you have a working health insurance card?

R: Yes please

I: Considering yourself what are some of the health problems you normal have issues with?

R: My problem has to do with my eyes and my legs that always hurt me.

I: What about hypertension?

R: With hypertension, if I don't have any issue or problem it doesn't disturb me or goes high

I: What of it goes high?

R: For example on my way here, I meet a lady and we had some small misunderstand resulting in my BP just going high but if the anger within me comes down the BP also comes down.

I: So when were you diagnose of hypertension?

R: About six month ago

I: So where will you say it the first place you went for your medication or what leads to you been diagnose of hypertension?

R: For me I didn't know I have some but I once came here for family planning and upon checking my BP they realize its high the madam around told me I have BP so I will be enrolled on the program so I'm I interested and I agreed to it for them to provide me treatment in other to bring it down.

I: So what did they tell you about hypertension?

R: I was told that when you have the condition you will regularly be having constant heart beat and also heart pains. So anytime you get angry it will pain you the more so I shouldn't me thinking too much because too much think can result in that. Also stress and eating so much fat can result in you having hypertension and they advise we should encourage eating more fruit.

I: After you have been diagnose of BP, why didn't you stay home but rather opted to seek care?

R: It is good that whenever you are ill you should look for treatment so upon been serve with the offer, I agreed to work with them,

I: So who is helping you throughout your process of seeking care?

R: The nurses here

I: Okay so before you were informed about hypertension, did you already have some knowledge about it?

R: No

I: So to what extent do you think this BP condition is important and need urgent care? Why do you think it need attention?

R: So that it won't result in your death or make you immobilize hence you can't do any work. So it is good you treat it early.

I: What else

R: So that it won't kill you.

I: Okay so the following questions refers to before you were put on the program for treatment. Have you ever seek for cure from somewhere or did someone offer to provide you with care?

R: No

I: Okay so after been enrolled on the program what are some of the advice given to you that will enable you have or live a healthy life?

R: They advise us on our diet, the time we should take our meal, we stop also stop taking alcoholic drinks. When we are been called by the computer they tell us it will result in BP. Also we shouldn't be getting annoyed or angry frequently because it can also lead to hypertension and also we should also rest and also take in more vegetables and fruit. We should also avoid fatty foods. We have been advice to consume soya beans oil but it's expensive.

I: Will you say all the advice given to you contributed to a change in your behavior ever since became part of this program?

R: I am able to adhere to some

I: Which one do you adhere to?

R: I sometimes buy fruit but only when I can afford. With the alcohol, I don't even take alcohol. About the rest, I don't have enough time to have enough rest, I'm always on the move.

I: Since you became art of this program can you tell us a bit about your satisfaction, the nurse's attitude towards you and waiting time when you come for treatment? We can start with the take of drugs

R: Here when we come we form a line and one at a time you will be treated. After that you will go for your medication. I always go to Roman hospital but anytime I get there they always write it for me to go and buy s I always buy.

I: What about the attitude of the nurses on this program?

R: We are free with them. They take care of us here before we go to the Roman hospital for medication

I: So what about the waiting time at Roman hospital, do you spend much time there before been attended to?

R: Yes because we are many there so that result in the delay

I: So do you have someone in your family or any organization that assist you in your access to care?

R: No one

I: Has there been any occasion where you experience some side effect on your medication?

R: Recently I have been given some waist medicine and some hypertension medicine but after taking the drugs I felt some serious side effect on my health. So I brought it to the clinic but I was referred back to Roman Hospital. I then stop taking the pain killer so now I only take the BP medication.

I: What can you say about the relationship between you and the doctors together with the nurses?

R: We always have discussion similar to what we are currently having. They advise us on our diets and what to do for the condition to be manage well.

I: So when you ask them any questions do they provide you with answers and do they also listen to you?

R: Yes they give us answers and give us all the advice

I: Considering the distance you cover before going for treatment, is it far?

R: No is not, I walk.

I: So will you say distance isn't a barrier to accessing your medications?

R: Me for some time now if I come here I have been given the prescription, I go to the drug store to buy because I will definitely be ask to go and buy it

I: What can you say about the environment at the hospital and the service delivery considering your medication and the people rendering the services?

R: They are neat and if you don't have any anger against them they will also be happy with you

I: Have you ever had any discussing concerning percussion you should take if in case you have any side effect with any of your medications?

R: They said if you are giving any medication and you have any side effect you should bring the medication back so that they will can check whether the medicine is too strong for you so that they can give you a new one.

I: So what are some of the possible side effect that your doctor did mention to you that may occur?

R: I can't remember

I: But have you had any discussion on how the drugs may affect you?

R: A month ago when I came I went to check whether I have diabetes but I didn't have some and they also check my BP and they said my BP pressure is okay. They also ask me whether I take alternative medications and I told them that the last time I went to the market and my BP went high so I bought some medicine from a lady passing by. They then ask me if I'm combining the two and I said yes.

I: Okay so will you say there is something that could be done by your health care providers that will improve more on your health?

R: No, I don't see any fault with their service provision

I: Okay, so do you receive some messages?

R: Every day I receive a call from them

I: Is it every day or every morning?

R: Every morning

I: So is it voice mail or text message?

R: They call and talk to me

I: So with the messages you receive do you find them useful?

R: It's useful

I: Why do you say it's useful?

R: Because sometimes we may forget because you were engaged in other activity but the message reminds you anytime you receive it.

I: So are you okay with the time you receive the call?

R: They call us exactly 8.00 o'clock to 8:30

I: Was there anything about the text messages you find it difficult to understand?

R: They speak Dangbe so I understand everything

I: So where did you say you usually get your medication?

R: Roman hospital, if I go they write it for me then I buy from the hospital

I: Where do you buy it from?

R: From a drug store

I: What can you say about the price of the medication?

R: One cost GH 1.00 so the three cost GH 3.00

I: As there been a day where you were giving a wrong dose for our medication whiles buying the drug?

R: No the same medicine

I: Okay so do you have a particular health professional who takes care of you and always look after you and knows you well?

R: The name of the person who normally look after us is Tetteh

I: So when you go there can you tell some of the things you guys discuss that you can share?

R: Concerning the BP? I go with different conditions. Both the body pains and the hypertension

I: I meant what you discuss with him?

R: We discuss my condition that's the body pains and hypertension. Whatever medications that will be okay for me he prescribe it to me.

I: So during your conversation with the doctors what will you say about your encounter or communication with the health care professionals you meet when you go for treatment? Do they listen to you and also respect you the way they should?

R: Yes

I: So will you say they really explain matters to you well or they don't have time for you?

R: Like the way I came here, after they check my BP and whatever they need to do for me, they do and I leave.

I: So what will you say about the waiting time and the time they spend with you explaining issues with you to your satisfaction?

R: Since I'm not the only one who came to the hospital so whatever time they have for me I'm okay and I leave for the next person to come

I: You mentioned earlier you buy drugs from the pharmacist. Will you say they are well trained and they also provide you with service the way you want it? Can you tell me your experience with the pharmacist and the drug store?

R: For me when I go I just give them the doctor's prescription form and they serve me my medication then I go.

I: So do you think the prescription writing for you from the hospital is the same medicine give to you?

R: They always give me what they give me from the beginning

I: What will you also say about their training?

R: Yes because they always give me my drug

I: So when you go to the LCS or the pharmacy do you ask them other questions or you only ask them questions related to hypertension?

R: I only ask them about the BP

I: Do you think all that you need to be provided for the treatment of the hypertension is what is been offered you or you think there is some other service that should be added?

R: I have no problem. They check our BP for us and they give us feedback whether it's good or bad in every month.

I: Within the past two weeks have you ever forgotten to take your medication?

R: I take the medicine but because I'm taking the local one now I'm yet to start the foreign medication

I: Is it because you take the local medicine that's why you forget the other one?

R: Yes

I: So in case you forget to take the medication what do you do to remember to take your prescribe medication?

R: With the foreign medication anytime I receive a call I know it's time to take the medication,

I: But do you have someone who reminds you to take your medication?

R: It's only the phone

I: Can you tell me the reason why you take the local medicine?

R: The lady selling it told me it's good for hypertension

I: So you combine the two

R: No the seller told me to stop the foreign one for some time so that I won't mix the two drugs till I finish the local one. Recently when I came here and they check my BP they ask me if I'm taking some other form of medicine in addition to the foreign ones and I told them yes.

I: Okay so comparing the experience you gain from this comHIP project with the past what will you say is the difference?

R: I will say it's good because it made me aware I have some condition which I need to treat and they also educated me. They also provided me with medications with I'm taking now. I wouldn't have known I have this condition which may cause my death or make me immobilize so now if I come and they check my BP they say its okay

I: Thank you so much. Can you tell me some that if we do on this program will make it better or something we do on this program that you think should be change or stop?

R: I don't have anything to say but I will say they should continue to take care of us the way we are experiencing now.

I: So today our discussion has come to an end and if you have any question to ask you can ask?

R: I want to ask you comparing the local and the foreign drug which one is good?

I: It's not advisable to combine the two. It's better to continue taking the doctors medicine.

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000010.MP3

I: Greetings. So like we discussed from the beginning, telling you where we are from and everything and also the work that we are doing, we will also like to know you. Your name, where you are from and your current occupation?

R: I'm from Nuaso

I: What is your occupation?

R: Currently I don't have a particular job I do but I sell charcoal

I: And what else?

R: My child is a baker so I also cater for her child

I: So where exactly do you work?

R: In this same town, Nuaso

I: So I want to know whom do you live together with at home, is it with your husband and your children?

R: I live with my daughter who is doing the bread bakery

I: Who else?

R: Some other woman with her kid who came to rent with us

I: So taking a look at your residence will you say it's a self contain or compound house or how will you describe your residence?

R: It's a self-contained. It's with three rooms and a hall.

I: So what is your level of education?

R: Form four

I: Old time form four?

R: Yes

I: So now will discuss matters concerning with hypertension. So who do take care of you hypertension condition before you go to the clinic, who takes care of you?

R: Mr osa

I: Is he a nurse?

R: Yes the nurse here in the town. If I go and he is not around, another sister around takes care of me

I: Is she also a nurse?

R: Yes please

I: So please do you have a health insurance card?

R: I have but it's not with me

I: Is it working?

R: Yes but it will be invalid in this month May

I: So is it working now?

R: Yes

I: Okay so can you tell us about your health as at now? What will you say is your current health status?

R: For now I think I'm healthy.

I: But do you have any illness that is a problem to you?

R: No

I: And the BP, does it worry you?

R: If I consume foods that's I'm not suppose to take in like salt and pepper and fatty foods, that's when I notice the BP effect.

I: Okay so can you remember when you where diagnose of hypertension? Like how many months?

R: Like eight months

I: So what let to you been diagnosed of hypertension?

R: On that day I ate kwakye containing a lot of salt and upon testing I was hypertensive

I: So after eating and you realize it contained too much pepper and salt, what made you seek treatment from the hospital?

R: On that day the health professionals announced through the town that we should come and check our BP so when I went that's when I was diagnosed.

I: So when you were diagnosed what did they tell you is BP?

R: I was told if I continue eating a lot of salt, a lot of pepper and also too much thinking and keeping problems at heart and continuously thinking I will be negatively affected.

I: So what made you look out for treatment and medication?

R: Since I was informed to come and check my BP, I have to go so that I won't be at a worsened condition that will end up making me paralyzed.

I: So in the course of your treatment who provides you with help in the process of going to the hospital?

R: The person who helps me and encourages me coming often is called Mr. Charles, a nurse.

I: So before coming here and being diagnosed as being hypertensive do you have any knowledge about hypertension?

R: I don't know much to say

I: What about now?

R: For now with my condition, salt, pepper and too much thinking about issues.

I: So now you know a bit about it and who taught you what you know?

R: My nurse

I: So from your opinion will you say hypertension needs a critical look at and we should be serious with it?

R: Yes it needs critical consideration?

I: Why do you say so?

R: Because if not treated it will lead you to death.

I: So you think the medication and the treatment given to you for the management of hypertension is very important and why?

R: It is and you will have to take the medication in other to be well

I: So now we will be discussion issues concerning prevention treatment and management. So before you became part of this comhip program you initially said you have now knowledge so did you use to take some medication before now?

R: No

I: So now that you are been part of this program what are some of the advice given to you that you will say have had impact on your life and your health?

R: The advice given me was on salt, pepper and fat. If I'm supposed to use any of the mentioned, I should minimize it. Also I shouldn't take in alcoholic drinks.

I: What else?

R: I was also told to often take in fruits and vegetables

I: So are the advice given to you useful

R: Yes they are

I: How?

R: It will help you maintain good health

I: So what are some of the lifestyle you have put a stop to?

R: I have change from taking alcohol, salt and pepper.

I: So upon been part od this program can you share your experience on whether you always get your medications each and everyday and time?

R: With the medication, they don't have it herewith them so we have to go to kpong and after going to Kpong a prescription was giving to me to go to Agormenya pharmacy. Since then whenever my medication is finish, I will have to go for another prescription form and go get a new one.

I: So what can you say about the conduct of your health care professionals?

R: Since I started coming I haven't seen any unpleasant behavior.

I: What about your waiting time, your transportation fees, Is it a problem?

R: I don't waste time there and I also don't pay transportation fee so its not a problem.

I: So is there any individual or organization that assist you in your treatment or medication?

R: I will say my child

I: So the medications given to you, have you ever encounter any side effect?

R: Its only one of the medication

I: So what will you tell us concerning your relationship with the healthcare professionals who provide you with services?

R: I don't have any issue with them and they also don't have any issues with me so when I go there, they just provide me with service then I go. At the pharmacy to, if I get there and I'm provided with my drugs then I leave.

I: So upon your interaction with them will you say them pat attention to your concerns when you go to them?

R: Yes

I: And do they also ask you for your concerns?

R: Yea, any issue that seems asks a problem I respond to them if they ask me.

I: So if you also have a concern and you ask them are they also able to provide you with answers?

R: Yes

I: What will you say about the environmental condition of the clinic, is it neat and what about the way the medications are displayed and those who dispense the medication?

R: I always do to the other side to go and buy the medication

I: So what are some of the problems you encounter I you go to the clinic?

R: I haven't encounter any problem

I: Have you been told what to do if in case you experience any side effect when taking your medication?

R: I wasn't told

I: But do you know what to do if you express any side effect from the medication that you've been taking?

R: I've been only given one medication and also the medication that I'm taking isn't giving me any side effect.

I: What of if in case you experience a side effect?

R: Then I will have to come and inform them.

I: So what are some of the suggestions you think the healthcare professionals could have done to make their service better than they are providing now?

R: Since I haven't encountered any problem with the medication I don't have any issues or problem with the services.

I: Now I will like to know if you do receive messages?

R: In the morning they do call me and remind me to take my medication.

I: So is it text message or voice message?

R: Voice

I: So when do you receive this messages?

R: In the morning

I: So are you happy with these messages and is it important?

R: Yes because sometimes you may forget to take the medication so upon receiving the call then you will remember to take your medication.

I: So has there been a day that you couldn't understand te content of the message provided to you?

R: I do understand whatever they say and they also remind me on what I should eat and not to eat.

I: So where do you say you usually take your medications?

R: At Agormenya pharmacy

I: So if you go to Agormenya do you always get the medication and what also about the cost of the medication?

R: Is okay

I: And are you able to pay your transportation fee?

R: Yes, I pay

I: Has there been a day that you've been giving a wrong medication?

R: No

I: So do you have anybody in the hospital who knows you well and you also know the person well in regards to your treatment of the conditions?

R: No when I went to the hospital they haven't seen any hypertension with me.

I: So what can you say about your conversation with your care providers? Is it good and why will you say it is good and bad?

R: Recently that I went there I had an issue with my legs and the doctor gave me medication and when I became well I have stop going there.

I: So will you say they respect you and they work well?

R: Yes

I: So do they give you all the information you require?

R: If they ask me any question and I answer then I will be giving a prescription to get medication then I go.

I: What can you say about the pharmacist that you receive your medications from them?

R: I'm fine with them, If I give them the prescription form and I pay them the money for the drugs, I get my medication then I go.

I: So do you ask them questions about other conditions or its all always about the BP?

R: No I don't ask them any other question

I: So are you provided with all the information you need concerning your medication?

R: If I come to the facility they tell me but if I go to the pharmacy I just pay for my medication and go.

I: So in the past two weeks have you forgotten to take your medications?

R: No

I: So have you taking any alternative medicine traditional medication together with your current medication provided to you from the hospital?

R: No

I: Has someone ever brought you any herbal medication before?

R: I always see them sell it but I haven't bought one before?

I: So comparing before and after been part of this program, what can you say about your experiences?

R: Before the program if I take too much salt and pepper my conditions worsen but after I was told and I have stop I can see that I'm okay

I: Thank you very much but I wont to ask if you have any question you will like to ask or an advice you will give that will contribute to the ongoing of the program?

R: I only want to ask that if I come and my BP reading is now low will I will be ask to stop taking the medication?

I: Okay thanks for the question but as soon as we are done I will arrange so that you have a discussion with the nurse around.

R: Thank you.

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z00000013

I: Please we are about to start the interview so can you tell me about yourself, your name, age and your current occupation?

R: My name is xxxx and im from Nuaso Tesano. Im 57 years of age.

I: please what's your current occupation?

R: I sell plantain

I: where do you see the plantain?

R: I see at Agormenya market

I: So please can you tell me about the people that you leave together with in your house?

R: I leave together with my children and also my grandchildren.

I: How many are they?

R: My children are four in number but I'm currently staying with only one of them and I'm with four of my grandchildren.

I: Do you always see those who are currently living with you?

R: Yes I do see them always

I: So currently the house that you are living in what type of house will you describe it, is it a self-contain or a compound house?

R: it's not a self-contain but compound house.

I: so what is your level of education?

R: with the school I attended to class five

I: So I will like to know whether you are currently part of the comHIP program.

R: Yes

I: So who normally provide you with service on this comHIP program?

R: it's the nurse at the centre here

I: please do you have a working health insurance card?

R: Yes

I: considering your current health status will you say you are healthy

R: Yes

I: So what the illness that normally disturbs you?

R: I was having diabetes

I: what about hypertension?

R: with the hypertension I'm normal now

I: so what date where you diagnose of hypertension?

R: it's been awhile. I wasn't feeling well so when I was admitted at the hospital and I was informed that I have hypertension.

I: so after you were informed of your condition, what did they tell you about hypertension?

R: I was told that hypertension is not a good illness and it's an illness that can lead to an unexpected death.

I: so after you were informed, what lead to you deciding to seek for treatment?

R: I think since I was told I think the right the thing to do is to seek for treatment from the doctor so that when it's getting worst they will treat it.

I: so during your treatment who was helping you?

R: the nurse around

I: So before you became part of this program what do you know about hypertension?

R: what I know is when you have hypertension, after you walk a distance then you get so tired early and also you have a fast heartbeat.

I: please where did you get this information from?

R: Please is the doctor who told me.

I: what about before you became part of the program?

R: I do notice those symptoms with my own body

I: so comparing now and before are you well inform about it?

R: yes

I: Do y think hypertension is a disease that deceive a serious considering or attention?

R: Yes

I: Why?

R: Because of the death effect it has because it can kill you unknowingly so it needs consideration.

I: so do you also think the treatment is necessary and why?

R: It's necessary to treat it than to allow it and later lead to your death.

I: So before you became part of this program, have you gone for medication from somewhere before?

R: Yes I do go to the Roman hospital for it.

I: So while going to your earlier hospital were you given any advice on how to prevent the occurrence of hypertension?

R: Yes they gave me advice concerning how to take the medication

I: and how gave you that advice?

R: the doctor there and they told us to adhere to the directive given us in regards to the medication intake.

I: So before you became part of this program did you change some of your behaviour concerning your diet and exercise before becoming part of comHIP?

R: Yes I was

I: can you remember the date that you were at your formal health care centre before you became part of this program?

R: it's been long, almost two or three years.

I: So can you tell me your experience with your previous health care providers before you became part of comHIP?

R: when I started my medication with them since I was adhering to their instruction I realise that there was improvement in my health.

I: so what are some of the improvement you have experience when you were with your formal service providers?

R: I use to experience my heart beat faster but since I started taking the medication giving me I realise it has become better.

I: so where you paying for your medication during those days?

R: there are sometimes when I go they tell me they don't have some so they will write a prescription for me but other days to they will give it to you if they have it.

I: so do you take transport to the hospital and what can you say about the transportation fees?

R: I pay 2.0 cedis for transportation.

I: But have you had any issue with your interaction with the doctors and also the time that you waste at the hospital and also your access to your medication?

R: I don't have any problem there because when they provide me with treatment then they give me my medication.

I: So now our discussion will now be based on after became part of comHIP. What are some of the advice you had as a result of been part of comhip program?

R: when I became part of the program the nurse really explained the issues to me. She explained to me that a hypertensive patient should not eat meat and oily food and also take in alcohol. She also told me that we need to do regular exercise and we should always try to walk. She also said we shouldn't smoke.

I: What else?

R: she also said we should always be taking it fruits because it's good for our health.

I: so with all this advice giving you do you think it's helping you?

R: Yes

I: So now have you change some of your lifestyle habits?

R: Yes

I: And what are some of the lifestyle changes you implemented?

R: since she said we shouldn't take in meat and oily food I have also stop taking it because she said if you consume those food it will bring complications. She also said I shouldn't eat late in the night.

I: So what can you say about the behaviour of the health care providers and also the medication that they give you, what can you say about your experience?

R: I don't have any issues with them because they also provide me with quality service and they also talk to me well.

I: so do you have any family member or organisation who provides you with help in relation to your treatment?

R: No, it's only from me and my children.

I: So has there been a time that you were given some medicine and the medication was change for you?

R: there are sometimes that when I go they do change the type of medication they give to me. Sometimes if the blood pressure goes so high they do change the medication and then you will realise that the pressure will come down and then you will then be fine.

I: So have you had any side effect with you medication?

R: Yes, formally when I use to go to my former hospital I do realise that the medication that they are giving me after I take it I don't feel too fine within but after I made a complain to them and they change the medication for me then I became free.

I: So do you know what to do when you have any complication with any of the medication that you are taking?

R: yes you will have to go back to the doctor.

I: so what can you say about your relationship with the doctors and the nurses? Will you say they respect you and they attend to you well?

R: Yes

I: What are some of the things that there do?

R: When I come to the hospital, the first thing they do is to greet you and when they are also talking to you they are always smiling.

I: So where do you come from before coming to the facility for your medication?

R: Nuaso.

I: and do you pay lorry fare whiles coming?

R: Yes

I: So has there been a day that because of unavailability of money to pay your lorry fare you weren't able to go for your medication?

R: No I always go always.

I: So considering the time you waste at the hospital and the medication given to you, do you always get your medication?

R: I have never taking my medication here before

I: what about the neatness of the place.

R: they are neat.

I: So if in case you are taking your medication and you encounter a problem do you know what to do?

R: Yes if I have any problem I will come to the facility and report to him.

I: But have they told you whether you can discuss any problem you encounter with them?

R: Yes because when you come they will ask you how you are feeling.

I: So do you think there is something we can do so that we can be more successful than we are now?

R: I will say if after they provide you with treatment they should provide you with medication here also.

I: why?

R: Because since you've been asked to come here then they have to do everything here so they should be able to give you medication.

I: so do you also receive any text message?

R: No since I don't really know how to operate the phone they normally call me on my phone.

I: so how often do they call me?

R: Sometimes once a month or sometimes twice a month

I: So do you think the calling is important?

R: Yes it is

I: what's important about?

R: Sometimes it motivate you to go to the doctor if you are feeling lazy.

I: so where do you go for your medication?

R: At the roman hospital

I: Have you encounter any problem whiles taking your medication like maybe you went and they is no medicine?

R: sometimes they will write the medicine for you to go and buy

I: have they giving you some medicine which was a mistake?

R: No

I: What about the price of the medicine, is it difficult to buy?

R: There are some times that if they prescribe the medicine for me I would be able to buy it. Last time when I went to the drug store they told me the medicine cause 20cedis so I wasn't able to buy it.

I: okay so do you have someone at the hospital who knows you and you also the person as your care provider?

R: Yes a nurse

I: So when you come to the facility what are some of the things you discuss with her?

R: she sometimes ask me how I'm feeling and whether I'm taking the medication has I'm instructed and she sometimes ask me to come and show the medications to her to see if I'm correctly taking the medication

i: So do you appreciate the time that they use to discuss issues with you?

R: Yes

I: Have you ever bought medication from the drug store before?

R: Yes

I: so do you think the personnel's at the drug store are well train and they render their services well?

R: please when going to the drug store I don't tell them that I'm not feeling well but I just show them the box of the medicine I want to buy and then they sell it for me

I: So do you ask them other aside your condition?

R: No

I: So concerning your treatment do you think you are provided with all the information you need?

R: yes

I: So for the past two weeks have you forgotten to take your medication?

R: No

I: have you ever use any herbal medication before?

R: I don't usually take herbal medication. I once try using it but I realise it's not good for me so I stop taking it.

I: so comparing the experience before and now that you are part of comHIP what will you say about the two experience?

R: I think this experience is good because if you come they will explain everything for you to understand.

I: thank you so much and we are about to finish this discussion, do you have something to tell us?

R: what I want to say is that I will prefer that after they have provided us with treatment here they should also give us medication here.

I: okay so do you have any question to ask?

R: No

I: So then thank you for your time

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000014

INTRO AND SOCIAL DETERMINANTS OF HEALTH

I: Good afternoon please I hope we can now start with the interview, please can you tell me about yourself, what you do or did for a living as in your job? But if your name may be of a worry, then you can skip that one and continue

R: ohh not at all, mentioning my name would never worry me. Since I have written it here on paper. I am xxx and 38 years old. What else? Please I actually did not have so much formal education but I have a diploma.

R: Ok first I work at Kumasi but now I have lost my job so am now looking for a new job.

I: Ooh ok, but please do you stay with your family here and who and who makes up the entire family?

R: Yes. Myself , wife and two kids and my in law.

I: How often do you see them?

R: I see them always and at all times

I: Please can you tell me about the place where you and what your living arrangements are? Is it a family house or what>

I: Yes , it's a family house but we have only two people staying with us. The landlord does not stay with us

R: Can you tell me something about your educational background?

R: Yes, but I did not have much of a good educational background lthat is why am speaking twi but went to do some professional course diploma in knust(university)

I: But why were u saying u could not speak English?

R: Ohh, I love to speak my local dialect

I: Hope you are part of the comHIP project?

R: Yes I am.

I: So can you tell me who is in charge of your care in comHIP?

R: YES, when I come here, thus the clinic, the one who takes care of me is sister Peal.

I: Who is sister pearl?

R: She is the cvd nurse at the facility where I go

I: So when you go for your drugs who attend to you?

R: Normally, they give me prescriptions and I go to the chemical shops to purchase them.

I: Please do you have a valid health insurance card?

R: Yes please.

.....a nurse came in to the room where the interview was ongoing and the respondent asked me to pause the recorder

I: Please can we continue? Can you tell me something about your health problems?

R: Ohhh, my health is ok but as you know as a human being as I am, as you grow your health problems continue to escalate at all times

I: Please can you tell me the one that worries you most? Is it about the BP or which one?

R: Actually me I don't normally go to hospital for checkup but the Bp I went to check some time ago prompted me that I should be going to the hospital all the time. Hadn't been that I would not have stepped in a hospital.

I: Does it worry you that you have BP?

R: Yes , it sometimes worries me and I used to think about it sometimes.

I: when were you diagnosed? And what led to you to seek care?

R: its past six seven months. I went to check it at a drug store trying to buy drugs and he did the check for two times and referred me to the nearest clinic.

I:How was hypertension explained to you the first time?

R: Hypertension is a disease. Its overflow of blood in the body.

I: Why did you decide to see for care?

R: Yes, I earlier told you that my dad in the days worked at the hospital and so I complained to him the first time I was diagnosed and he advised me to be very

careful about the it else I will die and leave my children alone hence the need to be going to the hospital on regular basis.

I: So before you were diagnosed of hypertension, how much did you know about hypertension

R: Ohh, hypertendion I have been hearing about it but I don't actually know much about it

I: Where is your source of your information on the hypertension?

R: Ohhh as I said the hospital, the radio, and even my father who was once a hospital worker, sometimes too the client themselves when discussing about their diseases and ailments, sometimes some friends and family members

R: Ok, so let us continue, to what extent do you think hypertension is an important disease?

I: Hmmmm, hypertension must be done away with because unlike what I said I don't like hospital, I would have died out of my ignorance since it does not show any signs and symptoms on time like rashes

R: Hahahah,I understand

I: So is the treatment of hypertension so important?

R: Ohh yes, it is very important. You know you have got some of the disease and you are taking the treatment so very important

PREVENTION, TREATMENT AND MANAGEMENT PRE INTERVENTION

I: Prior to the enrolling in the program comHIP, did you seek medical care for hypertension?

R: Ohh no.

INTERVENTION

I: What advice have you received on lifestyles measures to control your hypertension?

R: like helping me personally reduce the bp? In short I have to change my lifestyle like the things I used to do that contribute to that disease like smoking(excessive), drinking, eating late, and lack of exercise and also eat more fruits. I personally don't like fruits but because it will help me, I decided to take the advice.

I: Did you feel it was reasonable?

R: Ahh massa, the thing is killing you so any advise given you is very reasonable .

I: From what you just said, have you been able to change your behavior since knowing your condition?

R: Ohhh before God and truth, I have changed a lot but not all. I have put a stop to excessive drinking and smoking but the too much thinking is what I have not been able to change, the exercise too, I am not able to do regularly. I sometimes feel pains in my legs. Moreover, we were given all the advice but we are not able to adhere to all.

I: Can you please tell me about your experience in the programme? As in the availability of resources and the drugs, attitudes of the health care professionals, ease of accessing care, waiting times, and transport problems?

R: As for the attitude, when u come here, they are nice to me.

I: How nice and what do they do to you?

R: ohh , Sometimes when I forget to come they call me on phone, bra joe your time is up for the treatment so come on this time or this day.

I: does anyone like a family or an organization help you with taking the treatment?

R: no, only the text messages they send me but not my family members

I: Please do you feel the treatment has an effect? Do you know if the treatment has been changed since you have been on this program?

R: No

I: So the drug u are taking, you have not got any side effect before?

R: Yea sometimes the urine, but the drug too I take it early in the morning so I don't normally have any side effects

I: How would you describe your relationship with your health care providers?

R: Ohh, they listen to me well, first day I came here, I passed through something like an interview session like the way we are having it now, then they ask me lots of questions that leads to high blood pressure. So in all I must say they are good.

I: So do you travel and also pay for the fare before you go for your drugs?

R: Yes , I pay for the lorry fare before going for my drugs

I: Is the distance that far?

R: It is a little far, but when u go to kpong with health insurance u may get them free but when u come to juapong pharmacy with prescriptions, then you have to pay more than going to the hospital.

I: Please has the distance and the cost of the drugs kept you from accessing your drugs

R: Ohhh, no. I quiet remember that the last time I came here, I was given prescription form and I went to buy

I: So looking at the health facilities where you have been visiting what can you tell me about their cleanliness, drugs, attentiveness of staff, waiting times and any other difficulties?

R: Ohh, the clinic is very small, but me when I come here I come for treatment so after treatment I go so their neatness is good. But I have not even taken drug at the facility here before so they must be resourced with drugs so that we can avoid paying lorry fares to the hospitals

I: Do you know what to do if you have any side effects with the medicines? And what potential complications did your provider discuss with you.?

R: Ohh, before, man and God if I take the drug and I have any side effects, I need to see my cvd nurse and if the need be to further refer me then I think they can do that. My nurse has just discussed with me that when I take the drug, I will have regular urination than before. For that she made me understand so well about

I: Were you asked to talk about any problems with your medicines or their effects? Do you feel they heard your concern?

R: pearl made me know that, aside that if I see any strange thing I shoud let her know.

I: So do you think they listened to your concerns

R: Ohh, yes.

I: What do you think in the process of the treatment could have been handled better?

R: Yes as I was saying, the drugs must be made available to our local clinics so that immediately you are checked them they give you the drug rather than

moving to the kpong health centers and any other hospitals for it. And it's a daily thing hence we must not skip.

I: did you receive any text messages?

Yes I do receive the text messages

I: do you find the message very useful

R: I think they people always monitor my behavior. The message they send to me is always very appropriate to me'. I give them plus with the messages.

I: Were there anything you found difficult to understand in the message?

R: No, I easily understand all the messages.

I: Where do you get your regular supply of medication? Have you had any problems receiving the medication you need?

R: I went to kpong health center twice, and at the pharmacy at juapong pharmacy. But I have had no problems with receiving the medication I need. Sometimes the cost changes per the location and the brand of the medicine too sometimes are not the same.

I: Do you have a particular health professional who is looking after you and who knows you well?

R: No, when I come to the clinic I have two people or cvc nurses, they all know me very well and sometimes when I come and pearl is busy, she refers me to the other cvd nurse.

I: Can you describe a usual interaction you had with your nurse, Pearl about comHIP?

R: OK, If I can remember last week or last two weeks, when I came for the check up, it was too high, and said it almost above the danger line and she advised me to abstain from what kept the pressure rising. I refuse to tell her the truth but she managed to find out the truth and I told her to take her time for me because I will work on it

I: So how would you access your communication with her.

R: She is like a sister to me.

I: You said we should speak twi but u are rather speaking English, in what way is she like a sister to you.

R,I: Laughter for all(hahahahahaha)

R: You know when you enter into some ones place and the way she receives you that will tell you the attitude of the person and I see these cvd nurses as very accommodating compared to others that pushes you off. The way she always talks to me I am always happy. Even the other guy too when he is passing by my shop, he passes by and greets me.

I: Have you seen a licensed chemical seller during the program? And how would you access your experience with the community pharmacists? Do you feel they listen to you.

R: errrm, in the beginning, the place I go for my drug the place is not that developed but they administer good drugs but I currently heard that some people misuse the drug given them but when the prescription is given and I go there, I tried to check the milligrams before I take them. Now we have specific pharmacies like the juapong pharmacy that I go to.

I: Do you ask the chemical sellers questions about other health matters?

R: With them I don't have any interactions with them. Sometimes there are a lot of people out there coming to buy drug so only your prescription forms would talk for you.

I: To what extent do you feel you are kept informed about your treatment?

R: Ohhh yes, I think it is enough and ok

I: So in the last two weeks, how many times have you forgotten to take your medications?

R: This two weeks, u see I told you earlier that, I take my drugs in the morning so I even take my drugs before I brush my teeth, so I have never skipped my medication

I: Do you use alternative, local, or faith based medicines, which one and why do you take these medications?

R: Let me confess this , pearl told me not to take any other drug aside the orthodox one but we went for some funeral and my friend recommended one local herb called "prekese" to cook and drink the water out of it and that is all I did. I just took that for only two days

I: Have you told pearl your CVD nurse about the local herb u took for two days

R: Eiii no please, this is between the two of us.

I: Comparing your experiences with in comHIP with what you experienced before, what are the main differences?

R: If you ask me of any difference, for me even if I did not check I wouldn't have known that I have some. So without this program may be I would have died now

I: Tell us everything you want to tell us on this program

R,I: Laughter by all.....hahhha, if I understood bp then its this program because I always see stickers around the shops with inscriptions check your bp here freely and that made me went to check.

R: So after I walked in and checked before I was told so I am so happy about the program hence I don't miss anything they tell me.

I: Please can you tell you're your last or final thoughts?

R: Yes, this is a very good program that is helping. You are doing a good work so continue

I: We are also happy with talking to you. God bless you.

R, I: A handshake and the session came to an end>

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000015

INTRO AND SOCIAL DETERMINANTS OF HEALTH

I: As we discussed already please can you tell me a bit about yourself, your name, age, where you come from and what you do for a living?

R: Ahh ok, Me, my name is xxxxxx, I come from the volta region.

I: Please where exactly do you reside here at akuse?

R: I live at impregilo quarters here in akuse, block 31 room 7, and I work with Gridco but not directly with them but on a contract with edem security.

I: I see. Do you live with your family here at the quarters?

R: Yes my family is in the volta region so for now I live alone here.

I: So u mean u live here alone?

R: Yes I live here alone

I: do you have someone who helps you at home?

R: Yea , I have one of my uncles son who comes around to help me always

I: Please can you tell me about the place where you live, what are your living arrangement?

R: Living arrangement?

I: Yes, living arrangements

R: We are living in a quarters.

I: Please have you had some formal education?

R: Yes I went to school; I got to middle school form 2,

Oh ok, u mean the olden days middle school form 2?

Yes the middle school form 2

I: Now we shall talk about the project comHIP, I mean the project we are running. So now who is in charge of your care in comHIP?

R: ohh when I come here at the hospital, it is sister mamuna, the nurse and some other times too some doctors and other nurses but I can't really mention their names whether it is this doctor or that doctor because I don't know.

I: Please do you have a valid health insurance card?

R: yes please, here you are

"the participant showed to me a valid national health insurance card from his wallet"

KNOWLEDGE AND DIAGNOSIS

Can you please tell me about your health?

R: hmm first of all, something like minor stroke so when I fell sick I was given some concoctions at the home until I went to the hospital for treatment and then when this program came I came to join

Ohhhh ok

So What about the hypertension does it also worry you a little bit?

Yes, sometimes it worries me a little, sometimes my neck and my hands pains me so much so I realize it's the BP that is showing those signs

I: Ok, so if you look back can you please tell me when you were diagnosed?

R: Ohh the bp, I was told long ago

I: When exactly?

R: Ohhh about the year 2014 about two years ago

I: What led to you to seek for care?

R: ohh the thing is I fell sick and when I went to the hospital, then I was told I have bp but again I was at quarters and the health officers came for outreach on hypertension or bp checkup and I also went to tie my hand and I was again told I had bp then I was enrolled on the program comHIP.

I: So when you came to see them here at the clinic or the hospital how was hypertension explained to you?

R: Oh, they did not give me any meaningful meaning to hypertension but I myself know in fact I rather told them what was wrong with me.

I: ok please why did you not sit at home after diagnosed but you decided to seek for care and who helped you?

R: the thing is when I decide to go and check myself for bp

I: What am asking or saying is why did you seek for care?

R: Ohhh I have been told already so I need not sit at home without care for the sake of my health I can't sit without care taking

I: So who helped you in all the process?

R: Ohhh it is my CVD nurse, sister mamuna.

I: so before you entered into this program, how much did you know about hypertension before your diagnosis?

R: ohh I don't know much about this (hypertension) but I have been hearing almost all the time that bp has killed someone here and there

I: So where have you been hearing all these information from?

R: ohhh sometimes I hear someone has bp but one of my sisters also had one and she refused regular check and she died and I was told it's the bp that killed her so I got to know that bp is not good but a killer that is why I like to come for check up

I: so when you look at it, to what extent do you feel or think that hypertension is an important disease?

R: ohhh its important disease hence the government should take a critical look at it and make sure its eradicated completely

I: It's the treatment of hypertension very important and why?

Very important, the thing is if you feel your own body, you should know that something is wrong with my body and the weight is increasing you need to know and prevent it from increasing because first I was weighing 89 and it kept increasing until I noticed it and decided to stop some negative behaviors

PREVENTION, TREATMENT AND MANAGEMENT PRE INTERVENTION

I: Please the questions we are coming to ask you now, think about your situation before enrolling in this program

R: Ohh ok

I: Prior to enrolling in this program did you receive or seek any medical care for hypertension?

R: Ohh yes when I nearly got stroke, I sought for care and went for some herbal medications and took it

I: Before you were enrolled?

R: Yes , first I even take alcohol alongside the medication I was taking before enrolling in this program

I: Ohh ok, so before enrolling into this program, did you receive any advice on preventive measures? And from whom did you receive such advice?

R: yea my madam(CVD nurse)

I mean before you were enrolled

R: Ohh, no. I advised myself that what I was doing was bad so I decided to change

I: Did you change your behavior since knowing about your condition?

R: Ohh no, sometimes then I even drink more alcohol but I do some small exercise. I had no change of behavior

I: Do you remember when you first started treatment? i mean the concoctions And can you tell me about your experience?

R: Yes, about two years ago

I: Ok your experience

R: Ohh I realized my condition has seen a positive change but I normally abuse alcohol and that again aggravated my condition before I came to enter into this program. But now I have reduced the alcohol

I: So when you recollect the herbal concoctions you used to take those days, do you have to pay anything out of pocket for the treatment?

R: no its my own brother that prepares those herbal concoctions like tea and gives me some anytime I visit him but now that I am using the hospital drug when I combined the two I had an effect so I said no this time I have stopped taking that one.

I: Did you face difficulties in terms of transportation waiting time availability of the concoctions in the process?

R: No, I have my own motor bike and my brother too is in the quarters so I don't face any difficulties in the process

I: What about the availability of the drugs

R: Ohhh, the concoctions are very available anytime I went there because he prepares them

I: So before you entered into the comHIP did you know what to do if you had any clinical complications?

R: Ohh no no no I don't know.

INTERVENTION

I: SO now let us look at when you were enrolled into the comHIP program

I: When answering the questions, please think about your experience in the comHIP program

I: What advice have you received on life style measures to control your hypertension? And do you feel it was reasonable?

R: Errrrrm, number one drink (alcoholism, the type of food to eat, I don't joke with my food I eat,

I: What advise again?

A lot of cars passing by the interviewing place and blowing horns

R: Eating more of fruits but she had also advised me not to take in too much of the fruits

I: Do you think these advices she gave you are reasonable?

R: Yes, they are very important and reasonable to me. You have to take it because she wants the best for you and your life

I: And please have you changed your behavior since knowing about the conditions on this program?

R: Ohh I have changed I have changed so well

I: What other behaviors have you changed?

R: Ohh, drinking too much alcohol even I have entirely stopped taking in alcohol

I: Then what again

R: I will say it is all about the drink, when I wanted to stop the alcoholism, I went and bought sprite the bigger bottle when so anytime I felt for alcohol then I will go in and drink that one rather and even now when I go to the village I try hard not to take any alcohol but small palm wine I mean the fresh one

I: What again?

R: Yes sometimes too on the exercise bit, I try and ride a bicycle from here (akuse) to senchi and back.

I: can you please tell me your experience in the comHIP Program? In connection with the availability of the drugs, attitude of the health care professionals , ease of accessing care, waiting times and transport problems

R: when we came here the drugs are available, the nurses and the doctors' attitude too are very respectful and cordial and they serve us the drugs we are supposed to get but the others are not able to chat with us unlike the CVD nurses

I: What about the time you spend here for waiting

R: Ohh we keep long a little bit because they call a lot of people before it gets to our turn

I: Ooh ok so what about your transportation problems?

Ohhh, I have my own motor bike so I use that one anytime

So what about fuel|?

yea the fuel I always need to buy it into it

So is it a problem?

Yeas some times

I: Does anyone or family member of any organization help you with taking the treatment?

R: Ohh yes, my uncles son, he cooks for me, sweeps and does other important things for me.

I: Do you feel the treatment has an effect?

R: Ohhh no negative effects

I: Do you know if the treatment has been changed since you have been in the program and what made them change it for you?

R: Ohh, no it has not been changed before for me

I: How would do you see or describe your relationship with your health care providers? Do you have any examples?

R: Ohh they are free with us. For me we all say the things plain to them and they same to us. They don't hide anything from us

I: Do you think they listen to you on anything you say

R: Yes, for our madam, she listens to us so well and we love here so much and they listen to our concerns anytime we go to them. Very accommodating

I: How far did you have t travel to receive care?And did you have to pay to travel for care?

R: Yea, I use a motor to come to the akuse hospital here for the my care

I: Would the distance or cost keep you from accessing services again?

R: ohh, if the time is up, the motor belongs to me so I just get up and take my motor bike and quietly I come to the hospital the cost of transport and the distance cannot keep me away from accessing my care.

I: how were the health care facilities you visited? Let us talk about their cleanliness, well stocked drugs, resources, and attentiveness of staff and any other difficulties and how the place generally is. ?please tell us

R: ohh I must say that the cvd nurse is very neat, and the place is always well kept at the hospital

I: What about the drugs storage? Are they well stocked?

R: hahah, Yea, but we do not enter into the store house so I can't really tell whether they stocked the drugs well but all I can say the hospital is neat

I: Do you have any difficulties you want to tell us?

R: The only difficulty I have is that, sometimes when you come here they don't normally ask us what again is worrying us and if you tell them you lost appetite they don't really look at that for us because they don't seem to have that one on their tablet for the treatment. I think if we complain about any other diseases they should be able to listen to us not only the bp.

I: Ok, thank you. We shall continue

R: Ok

I: About the drug you are taking, now do you know what to do if you have any side effects with the medicines? And what potential complications did your provider discuss with you?

R: No, they have not discussed anything of that sort with me

I: So in future if you are taking the drug and you have any potential complications, did your provider discuss that one with you?

R: No they have not told us of that sort

I: Were you asked to talk about any problems with your medicines or their effects and do you feel they heard your concerns?

R: Ohhh no, they have not told us

I: what in the process of treatment could have been handled better?

R: I believe when we come here they should go into details and ask us more things about the drug we are taking. Some time ago I was given one drug that made me urinate so much and I brought it back and it was changed for me.

I: Did you receive any text messages?

R: yes oo, even they called me today. Every day they call me to remind me of the drugs to take

I: Is it a voice or text message?

R: Voice message in ewe language and sometimes I am told to eat kenkey, fruits and others

I: So do you think the text messages they send you are very appropriate and useful

R: Very useful and appropriate because they remind me anytime to take my drugs and also tell me the kind of foods to eat at every point in time

I: Was there a time when you had a challenge understanding any message sent to you or was there anything you found difficult to understand?

R: no, I really understood everything in the message.

I: So where do you normally get your regular supply of your medications?

R: Akuse hospital

I: Have you had any problems receiving the medication you need?

R: Ohh no anytime I see my madam (*cvd nurse)with my card I easily get my drugs or medication. If they don't have some they prescribe it for us and we go out there to buy it.

I: What about the availability of the drugs?

R: The drugs are easily available at the clinic so I easily get it

I: What of the cost of the drugs?

R: Ohhh its ok, I sometimes get it at 5ghc so I easily buy it

I: Has there been a time that you were prescribed to a wrong dose of medication?

R: Not at all, I have not been given any wrong medication before

I: Do you have a particular health professional who is looking after you and who knows you well?

R: Yes, the one who died aunty mercy. Any time I come to the hospital, she takes my prescriptions the stores and they provide my drug

I: Who is this?

R: She is was a nurse at the hospital

I: Can you describe a usual interaction?

R: Errr, I live in the same quarters with her and sometimes I carry her on my motorbike when I see her going to work so anytime she sees me at the hospital too she easily makes sure she helps in my drugs so we are free with each other like a family

I: How would you assess your communication with the nurses, physicians and other health care professionals you have encountered?

R: Ohh we are friends, they respect us fine but simon ametame is one of the nurses (CVD) tells me always to see down a little before I go check my bp and they handle us so well. We meet in the community and even talk often.

I: Do they listen to you very well

R: Yes very well. Hahahahaha

I: What about the time they gave you at the clinic is it enough?

R: Yes the time given to us is enough since we have a lot of people who are also waiting for their turn

I: have you seen a licensed chemical seller during the programme and how would you access your experience with the community pharmacists? Again do you feel they were skilled enough?

R: yes, that time the hospital people went on strike so I only got the prescription and went to buy my medications at the medical sellers joint

I: How will you access them?

R: Ohhh they also do so well provided you have the money to give them they can give you a proper prescription. I really check the expiry dates and realize they are skillful. They don't delay us also since you have the money

I: Do you ask the licensed chemical sellers questions about other health matters apart from the bp?

R: no, only the prescription given me is what I ask them since that is why I went there.

I: When you look at it all to what extent do you feel you are kept informed about your treatment?

R: Ohh, I will say my CVD nurse tries her best in giving me all the necessary information I need I hope you even witnessed some right now with her.

I: Ok, we are left with some little to finish

R: I am going for my drugs oooooo

I: Ohhh ok we shall finish soon

I: In the last two weeks, how many times have you forgotten to take your medications and why did you forget and what did you do when you realize you had forgotten?

R: yes, some few days. Ohhh they gave me the information in the morning but the secret is that sometimes when I take the drug I do not erect well and my penis does not function well so sometimes I skip my drugs for that matter. I started taking it immediately I realized I skipped

I: Do you use alternative, local or faith based medicines?

R: Ohh no, I don't take any local herbs

I: Comparing your experience on comHIP, with what you have experienced before, what are the differences?

R: Ohh with the comHIP, the difference is that we easily get our drugs which are orthodox and helping compared to the herbal drugs we are fighting to bring into the system. They also gave us time to be reporting to the clinics and they keep reminding us every morning so I am happy so I will like to say "ayekoo" may God bless you on this program

R: Please it is my turn to go for my drugs please.....

Ok this brings us to the end of the interview .

Thank you so much

TRANSCRIPT OF IN-DEPTH INTERVIEW ON THE COMHIP EVALUATION – PARTICIPANT

Audio Name: Z0000016

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INTRO AND SOCIAL DETERMINANTS OF HEALTH

I: ok please my name is xxx, as I said earlier on I am part of the researchers from the university of Ghana and London school of hygiene and tropical medicine. We want to know a little about you. Please can you please tell me about yourself e.g. name, age and where you come from and what you do as in your work? Please tell me all.

R: ohhh I am 45 years and am a carpenter, come from Asitey titanor.

I: so where do you work?

R: first of all, I am a carpenter, previously I had a shop but due to low patronage I decided to move into working around the town specifically building roofing

I: Do you please have a family you live together in the same house? And can you tell me about them

R: Yes, my brother is around but due to his job he is not stable. He is a farmer. So I currently live with my wife and children

I: how often do you see them?

R: I often see them because I live with them in the same house every time

I: so you mean you always see them?

R: yes, always

I: Please where you live in asitey, can you tell me about the living arrangements there?

R: I personally have my own small abode that I live in with my family

I: is it a self-contained house or how does the house look like, can you describe how the house is?

R: no please, it is not a self-contained but a compound house.

I: Please how well are u educated? Tell me about your educational background

R: not really just up to class 4, laughter, no I am not a well-educated person due to lack of support from my family hence I decided to enter into trade and skill training(carpentry)

I :So you went into skill training?

R: Yes please

I: hope you are part of the comHIP project, The project that takes care of your BP?

R: yes please

I: please who is in charge of your care in the comHIP?

R: mmmm, oooo, I think my wife because where we have grown up to no one can take care of you better than your own partner.

I: What about when you come to the clinic?

R: eerrrr, The CVD nurse, Abi

I: please do you have a valid health insurance card?

R: Yes I do.

I: is it working?

R: yes

KNOWLEDGE AND DIAGNOSIS

I: please the next sets of questions are concentrated on your knowledge and diagnosis. Please can you tell us about your health problems? And the one that worries you most?

R: mmmmm, ok, the one that worries and disturbs me most is pains in my rib normally pains me a lot and I always report to the doctors anytime I go there

I: what about hypertension?

R: That one too is a concern; in fact, it is also a major concern to me because that is what I sent to the clinic always

I: so which one worries you the most?

R: errrrrrrm the hypertension

I: when were you diagnosed and what led to the care?

R: I was having severe heart beat and when I went to describe that to the nurses at the clinic and they tied my hand with some item and they told me I have high blood pressure

I: so When were u diagnosed and how many months now

R: Oooo, about 12 months ago. Or more than a year now

I: When you were diagnosed first, how did they, I mean the nurses explain hypertension to you?

R: mmm ohhh, I was told a lot of things cause bp, they taught me a lot of things

I: I want to really know how they explained bp or hypertension to you not the causes

R: they say hypertension, is the way your blood is supposed to circulate to all part of your body but if not gone to those places well then you have hypertension which is bp

I: ohhh ok Why did you decide to seek for care without sitting at home unconcerned after you knew your status/ or diagnosed?

R: Errrrr, as I sit at home, it worries me and I don't have any traditional medicine hence the need to seek for care at the hospitals and the clinics

I: who helped you in the process of care?

R: my nurse Abigail (CVD NURSE)

I: How much did you know about hypertension before your diagnosis?

R: mmm, those days they have been talking about hypertension and I have been hearing but I have not been following it keenly.

I: what were your sources of information, at the time and now? Which people have been saying it?

R: mmmm, on radio more often than any other places, and some clients of some hospitals when they are discussing their sickness around. Anytime someone talks about his sickness on bp.

I: so as you can see, to what extent do you think hypertension is important?

R: it's a very important sickness because it worries me a lot. It disturbs my entire body and it does not permit any individual to look healthy.

I: ohh ok, to what extend do you think the treatment of hypertension is so important?

R: yes very important

I: why do you think it is important?

R: Its treatment is important because we use that to save our lives by the doctors or the native herbalist

PREVENTION, TREATMENT AND MANAGEMENT PRE INTERVENTION

I: so please with the following questions; answer them by thinking about your situation before enrolling into the program comHIP

R: ok I hear

I: please prior to enrolling in the program, did you seek for medical care for hypertension?

R: ohhh, for that one, the truth is I have been going to Roman Catholic hospital at agormanya.it is the same doctors at the hospital who have been taking care of me until I joined this program

I: so at the hospital where you used to get medical attention for your hypertension, did you receive any advice on the preventive measure and from whom did you get such advices?

R: they said, I should not take alcohol, I should not take too much salt

I: So who discussed that with you?

R: Ohhh, the doctors

I: So Were you able to follow all the instructions or the advice you were given at the hospital then before joining the comHIP?

R:ohh they talked to me about alcoholism, not taking too much alcohol, I should also abstain from taking in too much salt.

I: so who gave you all those advises?

R: ohh, my doctors I went to see at the hospital

I: Were you able to follow all the advice they gave you?

R: Yes, normally, I do not take alcohol at all so that was not a problem to me but I used to take in more salt before I got those advises and since then I have drastically reduced my intake of salt

I: prior to enrolling in this programme did you change your change your behavior(diet, exercise) since knowing your about your condition?

R: yes, but those days I could not strictly follow all the advise they gave me on the treatment because I did not take them serious until I joined comHIP.

I: Do you remember when you fir started treatment and can you tell me about your experience?

R: is it about the number of days or months?

I: yes

R: ohhh, about more than a year now but I have not been taking it serious though

I:Ok, so please can you remember or tell me about your experience that you can share?

R: ohh, that place at the hospital, I was only checked and given medicine to leave

I: Did you have to pay anything out of pocket for the treatment or the drugs given you?

R: yes , I do pay out of pocket for every drug that was given me

I: Do you have to pay for a lorry fare for treatment

R: Yes, I do pay for lorry fare, sometime they do not even have some of the drugs in their stores so they give me prescription forms to go and buy in town.

I: Did you face some difficulties during the process and what were some of them? about the time, the reception, and the drugs availability?

R: ohh, they tried their best for giving me some little attention and also do what they are supposed to do for me to keep me safe on this sickness. Sometimes I don't get money to pay for my drugs prescribed for me

I: ohh ok, please we shall continue. so in that sense, did they tell you what to do if you have any clinical complication or if you had a clinical complication did you know what to do in those days when you were not on this project?

R: ohh, no. they have not told me anything to do then at the hospital that if the drugs are worrying me I should do.

INTERVENTION

I: So now please let us take a look at now that you have joined this program comHIP. When answering these questions think about your experiences in the com-HIP program

I: What advice have you received on lifestyle measures to control your hypertension? And did you feel it was very reasonable?

R: ohhh since I started coming here, she gave me advise on drinking alcohol, I should not womanise, reduce salt intake, should do more training or exercise

I: And what again

R: She told me plenty things but ahahah I have forgotten some of them

I: Did you think that all that she told you were very reasonable?

R: Yes, very very reasonable and helpful

I: It is helping you?

R: Yes helping me more

I: So have you changed some of your behavior since knowing about the condition and which of them have you changed or adhered to?

R: Ohhh, I have reduced my salt intake, as for alcohol, I don't even take it since infancy so no problem with that one, and also reduce pepper intake as well as all I was told and advised on by the CVC nurse.

I: please can you tell me about about your experience in the programme comHIP?

R: YES, they have been discussing things that I personally like, they know how to handle clients on this program, they make you feel at home. Me, when I go to the hospital I really don't like it like when I come to the clinic here. You are always happy when you visit the CVD nurses again since I joined this program, when I go to the hospital, I do not keep so long because I am recognized hence I spend less time compared to when I was not in this program.

I: Do you like the time spent there?

R: Since I joined comHIP, anytime I go to the hospital, I do not keep long at all

I: Do you easily get access to the drugs when you go the hospital since joining this program?

R: Yes, I easily get them

I: Does someone like a family member or an organization help you with taking the treatment?

R: Mmmm, let me say my wife. How she helps me is that Sometimes when prescription is given me sometimes, when I do not have ready cash, my wife gives me the money to pay for my drugs. If she does not have money on her then that means I could not buy that particular drug at that time

I: Do you feel the treatment has an effect?

R: Yes it has

I: Again, do you know if the treatment has been changed since you have been in the programme?

R: Yes, last time, I took some of the drugs and it had a serious effect on me and I quickly went to the hospital and described that drug to them and they changed it for me.

I: Well, we want to know more from you please. Did you have any side effects and did you know what to do

R: Yes, I stopped taking them and returned them for a change.

I: how would you describe your relationship with your health care providers? And do you have any examples you can share?

R: they handle me so well, the nurses at the clinics even remind me to come to the clinic at every time, my relationship with them is very good and they also listen to us anytime we had something to share. When they meet me in town we even talk about this thing

I: how far did you have to travel to receive care and where do you receive your care? Did you have to pay to travel for care?

R: Yes I travel to and it is Atua hospital. It's a little far from where I live. I pay transportation before I go for my care anytime. Sometimes if I don't have the transportation, for the sake of my own health I walked to the hospital for my treatment and care.

I: So the clinics or the facilities where you visited how were they? I mean their cleanliness, well stocked drugs, their resources, staff attentiveness, waiting times, and any other difficulties?

R: Mmmm, I really don't see any bad thing or any problems with them. they are very fine.

I: you have stated earlier but we still want to know, please do you know what to do if you have any side effects with the medicines?

R: yes, I needed to report any problem to the doctor

So what are some of the problems or side effects or potential complications did your health provider discuss with you?

R: ohhh, hmm. That one we were told how to take our drugs so no problem.

I: I mean did they discuss any potential complications that may occur as a result of taking your medications?

R: yes, they say if we are taking our drugs and we have any problems we have to report to them. that's all

I: were you asked to talk about any problems with your medicines or their effects? And do you feel they heard your concerns?

R: yes please. They heard our concerns at all times and we were always asked to talk about our concerns

I: well, ok. So what in the treatment process do you think could have been handled better? Or some things that you think could have been done better when you go to the hospitals for your treatment?

R: what I can say is that, when we come to the hospital, they try their best in treating us but they normally do not have full stock of our drugs here so I think, what I will like to say is that if the program could provide the drugs here at the clinics with the cvd nurses so we can easily have them, I think that would have been better than the hospital.

I: So what do you think must have been done?

R: I think the drugs must be available here in our community clinics

I: so did you receive any text messages on your phone?

R: yes, my children have been receiving them and sometimes when it comes they see them

I: How often do you receive these messages?

R: Ohhh, sometimes it comes in the morning when or I needed to take my drugs they come and it reminds me as to when to take my drugs or medication

I: Is yours text message or voice message?

R: ohh yea they are written messages so they are text messages

I: do you think the text messages are useful? And appropriate?

R: Yes, very useful and appropriate

I: What are some of the usefulness of the text messages?

R: Sometimes, when you even attempt to forget when to take your medications, especially in the mornings it reminds you and that is pretty good for me.

I: Was there anything that you found difficult to understand in the messages?

R: ohhh, no

I: Where do you get your regular supply of your medication? And have you had any problems receiving the medication you need?

R: I do take my medications at atua government hospital.

I: Do you have any problems in getting your needed medications?

R: No

I: So maybe if you go the hospital for the drugs and there are none of your drugs in stock what do they do?

R: If they don't have there, they prescribe them for me to go and buy in town.

I: When you look at the prices of the drugs or the medications prescribed for you, are they expensive and how do you manage to buy them

R: Yes, they are expensive and sometimes as I said earlier if I don't have the money I just forgo it without buying it.

I: were you given any wrong dose or prescription before in your treatment?

R: ohh no

I: do you have a particular health professional who is looking after you and also knows you well and who is this person and can you describe a usual interaction with that person?

R: oh no in the hospital but the clinic here is madam Abigail. Sometimes even if I don't come on time it worries her. She normally talks to me about my condition and how well I should adhere to

the treatment and also abstain from some of the basic things like alcohol and the rest that she usually talk about so that things would be normalized for me.

I: So in general how would you assess your communication with the nurses, physicians, and other health care professionals you have encountered? Do they respect your opinions; do they spend enough time with you? Do they listen to you?

R: ohhh what I can say is that they the doctors try and do well

I: What do you mean by they try and do well?

R: For me, I think they always think about my wellbeing and my health and they think about me first anytime I get to them.

I: What about the time spent with you by the health professionals? I am asking about the length of time spent with you.

R: Yes they still do well. Sometimes in the mornings like that we discuss a lot about my health and they usually have the adequate time and I think it is enough for me.

I: Have you been given a prescription form to see a chemical seller before on this program?

R: Yes, they have given me and I have met the chemical sellers before

I: Have you seen a licensed chemical seller during the programme? How would you assess your experiences with the community pharmacists and do you feel they were skilled?

R: I have not seen or encountered any fault with them, they have also not been shouting at us but handle us so well when we go to buy from them

I: What do you think they the chemical sellers have been doing well for you?

R: they are good, sometimes they even also give advice and tell you what would be good for you if you don't understand anything and so I think they are well skilled enough to dispense our drug for us.

I: ohh ok, so has there been a time where you have asked the licensed chemical sellers questions about other health matters?

R: ohh no, I have not asked them anything on any other health issues apart from the bp.

I: so to what extend do you feel you are kept informed about your treatment? Do you think every information that you need on your treatment was given to you and you know them?

R: Yes, all that they have told me, I am so pleased about all.

I: What exactly have they been telling you about your treatment that you feel you are well informed and happy about?

R: the things I like about their information is about our life changing information on alcoholism, and something that will escalate the condition of the bp, I think they always keep me informed about them on regular basis.

I: in the last two weeks, how many times have you forgotten to take your medication?

R: Ohh the medication, I have not forgotten taking it before. I always take my drugs on time so for the past two weeks I have not skipped or forgotten to take my drugs.

I: Do you use alternative, local, or faith based medicines or any drug apart from the one that is prescribed for you from your doctors?

R: Ok, truthfully speaking, I normally take paracetamol when I have headache

I: Why do you take para

R: Ohhh to reduce headaches

I: Ok, I want to know whether you sometimes take herbal medicines in conjunction with the prescribed one from the hospital.

R: no, I don't take any other medication apart from the one from the hospital so I do not add any medicine to this one at all

I: We are left with some few questions to complete. Ok so comparing your experiences in comhip with what you experienced before, what are the main differences talking about the availability of the drugs, the health care professionals, and access to care, communication, cost etc?

R: ohh the difference I see is that when I was not put on the comHIP, the way I feel in my body or the way I see in my body now is different, as I joined too, now my pressure is reduced drastically

I: so When you were not on comHIP what were some of the things that worry you most in your body?

R: Ohh what I experienced was that, those days anytime I try to climb a small hill, I felt so tired and weak compared to now that I regularly take my medications. I think things have normalized in my life.

I: So now that you are on this program what have really changed?

R: Ohh now most of those sever body pains and headaches are gone completely since I joined his program

I: Why or what do you think made those ailments gone?

R: I think and believe that that it is all boils down to the drug adherence practices on this project which is making me take my medications regularly.

I: So about your health professionals and the other nurses when you were not on this program, did you easily get access to them and talk to them at all times as now?

R: ohhh, mmmm, laughter. When I was not on this project, I could hardly get close to the nurses even in our clinic here but when I was enrolled, I now could easily see them and come to the at any time without difficulties as before. I sometimes come to complain about anything that went wrong the previous day to them and I get advice from them.

I: so before we complete, I will like u to tell me everything you think could be done to improve the project comHIP

R: OK, What I have to say is that the project is good and we the clients or the patients will make the project successful and we would have to abide and adhere to all the advice on the drugs so that the people who brought this project would also feel happy to continue the project for us. I feel we should strengthen the project so that it can be spread to all areas.

I: Ok. Please thank you so much and I believe we have brought our discussion to an end so please do you have a question for us?

R: Ok. Yes. The question I want to ask is that, it's a question but just like a statement: in case you go to a hospital and they prescribe a medication for but you DON'T have money to buy the drug on time what would you do?

I: You mean if the doctors prescribe a drug from the hospital but you don't have money to but what do you do?

The question was answered off record in a very respectful way by say that since the medication is so important as any other thing of your life, there is the need to look for money to buy those drugs.

The end of discussion.